

RECEIVED

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

MAR 26 2018 W

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

TERRY DYSON SR)
3738 W 139th)
REBBINS ILL 60472) CIVIL ACTION
(Name of the plaintiff or plaintiffs)) ZIB-Z017-00949
v.) ZIB-Z017-00254
AMERICA'S AUTO AUCTION) NO. 2017-CA-1973
14001 KARLOV AVE) 2017-CA-1003
CRESTWOOD ILL 60445)
(Name of the defendant or defendants)

1:18-cv-02159
Judge Robert M. Dow, Jr
Magistrate Judge Sidney I. Schenkier

COMPLAINT OF EMPLOYMENT DISCRIMINATION

1. This is an action for employment discrimination.
2. The plaintiff is TERRY DYSON SR of the county of COOK in the state of ILLINOIS.
3. The defendant is AMERICAN AUTO AUCTION CHG, whose street address is 14001 KARLOV AVE, (city) CRESTWOOD (county) COOK (state) ILL (ZIP) 60445 (Defendant's telephone number) 708-389-14488
4. The plaintiff sought employment or was employed by the defendant at (street address) 14001 KARLOV AVE (city) CRESTWOOD (county) COOK (state) ILL (ZIP code) 60445

5. The plaintiff [**check one box**]

- (a) was denied employment by the defendant.
(b) was hired and is still employed by the defendant.
(c) was employed but is no longer employed by the defendant.

6. The defendant discriminated against the plaintiff on or about, or beginning on or about,

(month) 10, (day) 17, (year) 2016.

7.1 (Choose paragraph 7.1 or 7.2, do not complete both.)

- (a) The defendant is not a federal governmental agency, and the plaintiff [**check one box**] has not has filed a charge or charges against the defendant

asserting the acts of discrimination indicated in this complaint with any of the following government agencies:

- (i) the United States Equal Employment Opportunity Commission, on or about
(month) _____ (day) _____ (year) _____.
(ii) the Illinois Department of Human Rights, on or about
(month) 11 (day) 7 (year) 2016.

- (b) If charges *were* filed with an agency indicated above, a copy of the charge is attached. YES. NO, **but plaintiff will file a copy of the charge within 14 days.**

It is the policy of both the Equal Employment Opportunity Commission and the Illinois Department of Human Rights to cross-file with the other agency all charges received. The plaintiff has no reason to believe that this policy was not followed in this case.

7.2 The defendant is a federal governmental agency, and

- (a) the plaintiff previously filed a Complaint of Employment Discrimination with the defendant asserting the acts of discrimination indicated in this court complaint.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

Yes (month) _____ (day) _____ (year) _____

No, did not file Complaint of Employment Discrimination

(b) The plaintiff received a Final Agency Decision on (month) _____
(day) _____ (year) _____.

(c) Attached is a copy of the

(i) Complaint of Employment Discrimination,

YES NO, but a copy will be filed within 14 days.

(ii) Final Agency Decision

YES NO, but a copy will be filed within 14 days.

8. (*Complete paragraph 8 only if defendant is not a federal governmental agency.*)

(a) the United States Equal Employment Opportunity Commission has not issued
a *Notice of Right to Sue*.

(b) the United States Equal Employment Opportunity Commission has issued a
Notice of Right to Sue, which was received by the plaintiff on
(month) 1 (day) 2 (year) 2018 a copy of which
Notice is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's [**check only those that apply**]:

(a) Age (Age Discrimination Employment Act).

(b) Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

- (c) Disability (Americans with Disabilities Act or Rehabilitation Act)
- (d) National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (e) Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (f) Religion (Title VII of the Civil Rights Act of 1964)
- (g) Sex (Title VII of the Civil Rights Act of 1964)

10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).
11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); for 42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; for the A.D.E.A. by 42 U.S.C. §12117; for the Rehabilitation Act, 29 U.S.C. § 791.
12. The defendant [*check only those that apply*]

- (a) failed to hire the plaintiff.
- (b) terminated the plaintiff's employment.
- (c) failed to promote the plaintiff.
- (d) failed to reasonably accommodate the plaintiff's religion.
- (e) failed to reasonably accommodate the plaintiff's disabilities.
- (f) failed to stop harassment;
- (g) retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;
- (h) other (specify): _____

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

13. The facts supporting the plaintiff's claim of discrimination are as follows:
-
-
-
-
-

14. **[AGE DISCRIMINATION ONLY]** Defendant knowingly, intentionally, and willfully discriminated against the plaintiff.

15. The plaintiff demands that the case be tried by a jury. YES NO

16. THEREFORE, the plaintiff asks that the court grant the following relief to the plaintiff
[check only those that apply]

- (a) Direct the defendant to hire the plaintiff.
(b) Direct the defendant to re-employ the plaintiff.
(c) Direct the defendant to promote the plaintiff.
(d) Direct the defendant to reasonably accommodate the plaintiff's religion.
(e) Direct the defendant to reasonably accommodate the plaintiff's disabilities.
(f) Direct the defendant to (specify): _____
-

- _____

- (g) If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.
- (h) Grant such other relief as the Court may find appropriate.

(Plaintiff's signature)

Terry Dyson Sr.

(Plaintiff's name)

TERRY DYSON SR.

(Plaintiff's street address)

3738 w. 139th

(City) ROBBINS (State) ILL (ZIP) 60472

(Plaintiff's telephone number) (312) - 890-6503

Date: 3-23-18

U.S. EQUAL OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: Terry L. Dyson
3738 West 139th Place
Robbins, IL 60472

From: Chicago District Office
500 West Madison St
Suite 2000
Chicago, IL 60661



On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

21B-2017-00254

Katarzyna Hammond,
Investigator

(312) 869-8024

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge.
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

- NOTICE OF SUIT RIGHTS -

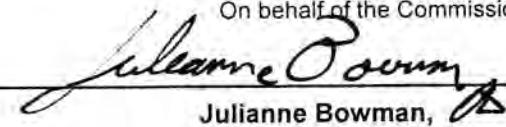
(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice;** or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission

Enclosures(s)


 Julianne Bowman,
District Director

1/2/18

(Date Mailed)

cc:

AMERICAS AUTO AUCTION INC
Mr. Larry Hero
General Manager
14001 Karlov Ave
Crestwood, IL 60445

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974: See Privacy act statement before completing this form.

#16W0620.06

AGENCY

 IDHR EEOC

DISCRIMINATED AGAINST

2017CA1973

Illinois Department of Human Rights and EEOC

NAME OF COMPLAINANT (indicate Mr. Ms. Mrs.)

MR. TERRY L. DYSON, SR.

TELEPHONE NUMBER (include area code)

(312) 890 - 6503

STREET ADDRESS

3738 W. 139TH PLACE

CITY, STATE AND ZIP CODE

ROBBINS, IL 60472

DATE OF BIRTH

08 / 20 / 59

M D Y

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (IF MORE THAN ONE LIST BELOW)

NAME OF RESPONDENT

AMERICA'S AUTO AUCTION CHICAGO, INC.NUMBER OF
EMPLOYEES,
MEMBERS 15+TELEPHONE NUMBER (include area code)
(708) 389 - 4488

STREET ADDRESS

14001 KARLOV AVENUE

CITY, STATE AND ZIP CODE

CRESTWOOD, ILLINOIS 60445

COUNTY

COOK

CAUSE OF DISCRIMINATION BASED ON:

RACE AGE RETALIATIONDATE OF DISCRIMINATION
EARLIEST (ADEA/EPA) LATEST (ALL)

02/2017 03/2017

 CONTINUING ACTION

THE PARTICULARS OF THE CHARGE ARE AS FOLLOWS:

Technical Amendment

This Technical Amendment is being made to correct the name of Respondent.

MKH/ABT**Page 1 of 1**

I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

SUBSCRIBED AND SWORN TO BEFORE METHIS 8th DAY OF May 2017

X Donna M. Evans
NOTARY SIGNATURE

**NOTARY STAMP**

X Terry L. Dyson Sr
SIGNATURE OF COMPLAINANT 5-8-17
DATE

I declare under penalty that the foregoing is true and correct I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974: See Privacy act statement before completing this form. #17W0309.04		AGENCY <input checked="" type="checkbox"/> IDHR <input type="checkbox"/> EEOC	CHARGE NUMBER 2017CA1973
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Illinois Department of Human Rights and EEOC

NAME OF COMPLAINANT (indicate Mr. Ms. Mrs.) Mr. Terry L. Dyson Sr.		TELEPHONE NUMBER (include area code) (312) 890-6503	
STREET ADDRESS 3738 W. 139th Place	CITY, STATE AND ZIP CODE Robbins, IL 60472	DATE OF BIRTH 08/20/1959 M D YEAR	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (IF MORE THAN ONE LIST BELOW)			
NAME OF RESPONDENT America's Auto Auction Inc.	NUMBER OF EMPLOYEES, MEMBERS 15+	TELEPHONE NUMBER (include area code) (708) 389-4488	
STREET ADDRESS 14001 Karlov Avenue	CITY, STATE AND ZIP CODE Crestwood, IL 60445	COUNTY Cook	
CAUSE OF DISCRIMINATION BASED ON: Race Age Retaliation		DATE OF DISCRIMINATION EARLIEST (ADEA/EPA) LATEST (ALL) 2/2017 03/2017 <input type="checkbox"/> CONTINUING ACTION	

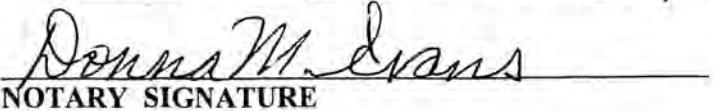
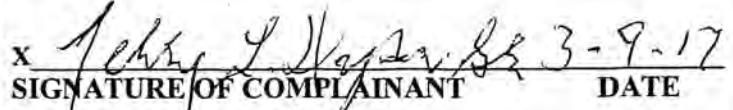
THE PARTICULARS OF THE CHARGE ARE AS FOLLOWS:

I. A. ISSUE/BASIS**FINAL WARNING - FEBRUARY 8, 2017, BECAUSE OF MY RACE, BLACK****B. PRIMA FACIE ALLEGATIONS**

1. My race is black.
2. I began my employment with Respondent in February 2015. My work performance as a lot coordinator meets Respondent's legitimate expectations.

Page 1 of 4

I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

SUBSCRIBED AND SWORN TO BEFORE METHIS 9th DAY OF March 2017.

NOTARY SIGNATURE
**NOTARY STAMP**

SIGNATURE OF COMPLAINANT DATE 3-9-17

I declare under penalty that the foregoing is true and correct I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Charge Number: 2017CA1973

Complainant: Terry Dyson, Sr.

Page 2 of 4

3. On February 8, 2017, I was placed on a final warning. The reason given by Mike Kirby (non-black), Supervisor and Chuck Anderson (non-black), Supervisor, was violation of Respondent's policy.
4. Similarly situated non-black employees who have violated Respondent's policy were treated more favorably under similar circumstances.

II. A. ISSUE/BASIS

FINAL WARNING – FEBRUARY 8, 2017, BECAUSE OF MY AGE, 57

B. PRIMA FACIE ALLEGATIONS

1. My age at the time of the alleged harm was 57.
2. I began my employment with Respondent in February 2015. My work performance as a lot coordinator meets Respondent's legitimate expectations.
3. On February 8, 2017, I was placed on a final warning. The reason given by Mike Kirby (age unknown), Supervisor and Chuck Anderson (age unknown), Supervisor, was violation of Respondent's policy.
4. Similarly situated employees who are younger than age 40 and have violated Respondent's policy were treated more favorably under similar circumstances.

III. A. ISSUE/BASIS

FINAL WARNING – FEBRUARY 8, 2017, IN RETALIATION FOR FILING A CHARGE OF DISCRIMINATION

B. PRIMA FACIE ALLEGATIONS

1. In November 2016, I engaged in a protected activity when I filed charge number 2017CA1003, against Respondent with the Department of Human Rights.
2. On February 8, 2017, I was placed on a final warning. The reason given by Mike Kirby, Supervisor and Chuck Anderson, Supervisor, was violation of Respondent's policy.
3. The adverse action followed the filing of my previous charge within such a period of time as to raise an inference of retaliatory motivation

Charge Number: 2017CA1973

Complainant: Terry Dyson, Sr.

Page 3 of 4

IV. A. ISSUE/BASIS

SUSPENSION – FEBRUARY 8, 2017, BECAUSE OF MY RACE, BLACK

B. PRIMA FACIE ALLEGATIONS

1. My race is black.
2. I began my employment with Respondent in February 2015. My work performance as a lot coordinator meets Respondent's legitimate expectations.
3. On February 8, 2017, I was given a five day suspension. The reason given by Mike Kirby (non-black), Supervisor and Chuck Anderson (non-black), Supervisor, was violation of Respondent's policy.
4. Similarly situated non-black employees who have violated Respondent's policy were treated more favorably under similar circumstances.

V. A. ISSUE/BASIS

SUSPENSION – FEBRUARY 8, 2017, BECAUSE OF MY AGE, 57

B. PRIMA FACIE ALLEGATIONS

1. My age at the time of the alleged harm was 57.
2. I began my employment with Respondent in February 2015. My work performance as a lot coordinator meets Respondent's legitimate expectations.
3. On February 8, 2017, I was given a five day suspension. The reason given by Mike Kirby (age unknown), Supervisor and Chuck Anderson (age unknown), Supervisor, was violation of Respondent's policy.
4. Similarly situated employees younger than age 40 who have violated Respondent's policy were treated more favorably under similar circumstances.

Charge Number: 2017CA1973
Complainant: Terry Dyson, Sr.
Page 4 of 4

VI. A. ISSUE/BASIS

SUSPENSION – FEBRUARY 8, 2017, IN RETALIATION FOR FILING A CHARGE OF DISCRIMINATION

B. PRIMA FACIE ALLEGATIONS

1. In November 2016, I engaged in a protected activity when I filed charge number 2017CA1003, against Respondent with the Department of Human Rights.
2. On February 8, 2017, I was given a five day suspension. The reason given by Mike Kirby, Supervisor and Chuck Anderson, Supervisor, was violation of Respondent's policy.
3. The adverse action followed the filing of my previous charge within such a period of time as to raise an inference of retaliatory motivation

VII. A. ISSUE/BASIS

HARASSMENT – MARCH 2017, IN RETALIATION FOR FILING A CHARGE OF DISCRIMINATION

B. PRIMA FACIE ALLEGATIONS

1. In November 2016, I engaged in a protected activity when I filed charge number 2017CA1003, against Respondent with the Department of Human Rights.
2. On March 7, 2017, Larry Hero, Owner, threatened to fire me if I appeared at the fact finding conference scheduled for March 9, 2017, by the Illinois Department of Human Rights.
3. The adverse action followed the filing of my previous charge within such a period of time as to raise an inference of retaliatory motivation

MEE/RCG

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: Terry L. Dyson
3738 West 139th Place
Robbins, IL 60472

From: Chicago District Office
500 West Madison St
Suite 2000
Chicago, IL 60661



*On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))*

EEOC Charge No.

EEOC Representative

Telephone No.

21B-2017-00949

Katarzyna Hammond,
Investigator

(312) 869-8024

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge
- The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- Other (briefly state)

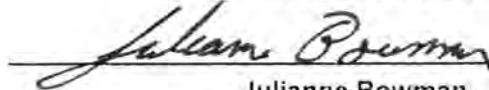
- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



Julianne Bowman,
District Director

1/2/18

(Date Mailed)

Enclosures(s)

cc:

AMERICAS AUTO AUCTION INC
Mr. Larry Hero
General Manager
14001 Karlov Ave
Crestwood, IL 60445

PRIVATE SUIT RIGHTS

The issuance of this *Notice of Right to Sue or Dismissal and Notice of Rights* ends the EEOC process with respect to your Charge. You may file a lawsuit against the Respondent within 90 days from the date you receive this Notice. Therefore, you should keep a record of the date. Once the 90 day period is over, your right to sue is lost. If you intend to consult an attorney, you should do so as soon as possible. Furthermore, in order to avoid any question that you did not act in a timely manner, if you intend to sue on your own behalf; your suit should be filed well in advance of the expiration of the 90 day period.

You may file your lawsuit in a court of competent jurisdiction. Filing this Notice is not sufficient. A court complaint must contain a short Statement of the facts of your case which shows that you are entitled to relief. Generally, suits are brought in the State where the alleged unlawful practice occurred, but in some cases can be brought where relevant employment records are kept, where the employment would have been, or where the Respondent has its main office.

You may contact the EEOC if you have any questions about your rights, including advice on which court can hear your case, or if you need to inspect and copy information contained in the case file.

IF THE FIRST THREE CHARACTERS OF YOUR EEOC CHARGE NUMBER ARE "21B" AND YOUR CHARGE WAS INVESTIGATED BY THE ILLINOIS DEPARTMENT OF HUMAN RIGHTS (IDHR), REQUEST FOR REVIEWING AND COPYING DOCUMENTS FROM YOUR FILE MUST BE DIRECTED TO IDHR.

A lawsuit against a private employer is generally filed in the U.S. District Court.

A lawsuit under Title VII of the Civil Rights Act of 1964, as amended, against a State agency or a political subdivision of the State is also generally filed in the U.S. District Court.

However, a lawsuit under the Age Discrimination in Employment of the American with Disabilities Act or, probably, the Equal Pay Act against a State instrumentality (an agency directly funded and controlled by the State) can only be filed in a State court.

A lawsuit under the Age Discrimination in Employment Act or the American with Disabilities Act or the Equal Pay Act against a political subdivision of a State, such as municipalities and counties, may be filed in the U.S. District Court.

For a list of the U.S. District Courts, please see the reverse side.

ATTORNEY REPRESENTATION

If you cannot afford an attorney, or have been unable to obtain an attorney to represent you, the court having jurisdiction in your case may assist you in obtaining a lawyer. If you plan to ask the court to help you obtain a lawyer, you must make this request of the court in the form and manner it requires. Your request to the court should be made well in advance of the 90 day period mentioned above. A request for representation does not relieve you of the obligation to file a lawsuit within the 90-day period.

DESTRUCTION OF FILE

If you file suit, you or your attorney should forward a copy of your court complaint to this office. Your file will then be preserved. Unless you have notified us that you have filed suit, your Charge file could be destroyed as early as six months after the date of the Notice of Right to Sue.

IF YOU FILE SUIT, YOU OR YOUR ATTORNEY SHOULD NOTIFY THIS OFFICE WHEN THE LAWSUIT IS RESOLVED.

INFORMATION ON WHERE TO FILE SUIT

You have been notified of your right to sue in Federal District Court. Suit is ordinarily filed in the District having jurisdiction of the county in which the employer, against whom you filed a Charge of employment discrimination, is located. The telephone number listed for each District is that of the Clerk of the Court.

U.S. DISTRICT COURT Northern District of Illinois Eastern Division at Chicago 219 South Dearborn Street Chicago, IL 60604 312-435-5670		U.S. DISTRICT COURT Central District of Illinois Urbana Division 201 South Vine Urbana, IL 61801 217-373-5830	
Counties		Counties	
Cook	Kendall	Champaign	Kankakee
DuPage	Lake	Coles	Macon
Grundy	LaSalle	Douglas	Moultrie
Kane	Will	Edgar	Piatt
		Ford	Vermillion
		Iroquois	
U.S. DISTRICT COURT Northern District of Illinois Western Division at Rockford 211 South Court Street Federal Building Rockford, IL 61101 815-987-4355		Peoria Division	
		100 N.E. Monroe Street 135 Federal Building Peoria, IL 61602 309-671-7117	
Counties		Counties	
Boone	McHenry	Bureau	McLean
Carroll	Ogle	Fulton	Peoria
DeKalb	Stephenson	Hancock	Putnam
JoDaviess	Whiteside	Knox	Stark
Lee	Winnebago	Livingston	Tazewell
		Marshall	Woodford
		McDonough	
U.S. DISTRICT COURT Southern District of Illinois 750 Missouri Avenue East St. Louis, IL 62201 618-482-0671 <i>and</i> 301 Main Street Benton, IL 62812 618-438-0671		Rock Island Division	
		211 19 th Street Rock Island, IL 61201 309-793-5778	
Counties		Counties	
Alexander	Johnson	Henderson	Rock Island
Bond	Lawrence	Henry	Warren
Calhoun	Madison	Mercer	
Clark	Marion	Springfield Division	
Clinton	Monroe	600 East Monroe Street Springfield, IL 62701 217-492-4020	
Crawford	Perry		
Cumberland	Pope		
Edwards	Pulaski		
Effingham	Randolph	Counties	
Fayette	Richland	Adams	Logan
Franklin	St. Clair	Brown	Macoupin
Gallatin	Saline	Cass	Mason
Hamilton	Union	Christian	Menard
Hardin	Wabash	DeWitt	Montgomery
Jackson	Washington	Green	Morgan
Jasper	Wayne	Pike	Schuylerville
Jefferson	White	Shelby	
Jersey	Williamson		

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974: See Privacy act statement
before completing this form

#17W1107.07

AGENCY
 IDHR
 EEOC

CHARGE NUMBER

2017CA1003

NAME OF COMPLAINANT (indicate Mr., Ms., Mrs.)

Mr. Terry L. Dyson, Sr.

STREET ADDRESS

3738 W. 139th Place

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR

LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (IF MORE THAN ONE LIST BELOW)

NAME OF RESPONDENT

America's Auto Auction Chicago

STREET ADDRESS

14001 Karlov Avenue

CAUSE OF DISCRIMINATION BASED ON:

CITY, STATE AND ZIP CODE

Robbins, Illinois 60472

DATE OF BIRTH
8-20-59
M D YEARNUMBER OF
EMPLOYEES,
MEMBERS
15+TELEPHONE NUMBER (include area code)
(312) 890-6503

CITY, STATE AND ZIP CODE

Crestwood, Illinois 60445

COUNTY
CookDATE OF DISCRIMINATION
EARLIEST (ADEA/EPA) LATEST (ALL)10/31/16 10/31/16
 CONTINUING ACTION

Age Race Disability

THE PARTICULARS OF THE CHARGE ARE AS FOLLOWS:

I. A. ISSUE/BASIS

FAILURE TO HIRE FOR FULL TIME EMPLOYMENT - OCTOBER 31, 2016, BECAUSE
OF MY AGE, 57

B. PRIMA FACIE ALLEGATIONS

1. My age was 57 at the time of this harm.
2. My work performance as part time lot coordinator meets Respondent's expectations. I was hired in February 2015.
3. Respondent had full time employment available.

ge 1 of 3

I want this charge filed with the EEOC. I will advise the agency if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 17th DAY OF November, 2016NOTARY SIGNATURE
Konah Yancy

11/7/2016

X *Terry L. Dyson* S. 11-7-16
SIGNATURE OF COMPLAINANT

DATE

I declare under penalty of perjury that the foregoing is true and correct. I swear or affirm that I have read the above charge and that it is to the best of my knowledge, information and belief, accurate.

OFFICIAL SEAL
KONAH YANCYNOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 05/04/19

NOTARY STAMP

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974: See Privacy act statement before completing this form.		AGENCY <input checked="" type="checkbox"/> IDHR <input type="checkbox"/> EEOC	CHARGE NUMBER 2017CA1003
#16W0620.06			

Illinois Department of Human Rights and EEOC

NAME OF COMPLAINANT (indicate Mr. Ms. Mrs.) MR. TERRY L. DYSON, SR.		TELEPHONE NUMBER (include area code) (312) 890 - 6503	
STREET ADDRESS 3738 W. 139TH PLACE	CITY, STATE AND ZIP CODE ROBBINS, IL 60472	DATE OF BIRTH 08 / 20 / 59	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (IF MORE THAN ONE LIST BELOW)			
NAME OF RESPONDENT AMERICA'S AUTO AUCTION CHICAGO, INC.	NUMBER OF EMPLOYEES, MEMBERS 15+	TELEPHONE NUMBER (include area code) (708) 389 - 4488	
STREET ADDRESS 14001 KARLOV AVENUE	CITY, STATE AND ZIP CODE CRESTWOOD, ILLINOIS 60445	COUNTY COOK	
CAUSE OF DISCRIMINATION BASED ON:		DATE OF DISCRIMINATION EARLIEST (ADEA/EPA) LATEST (ALL) 10/31/16 10/31/16	
		<input type="checkbox"/> CONTINUING ACTION	

THE PARTICULARS OF THE CHARGE ARE AS FOLLOWS:

Technical Amendment

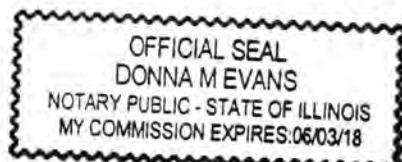
This Technical Amendment is being made to correct the name of Respondent.

MKH/ABT

Page 1 of 1

I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

SUBSCRIBED AND SWORN TO BEFORE ME
 THIS 9th DAY OF March 2017
X Donna M. Evans
 NOTARY SIGNATURE



NOTARY STAMP

X Terry L. Dyson 3-9-17
 SIGNATURE OF COMPLAINANT DATE

I declare under penalty that the foregoing is true and correct I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief

Charge Number: 2017CA1003

Complainant: Terry L. Dyson, Sr.

Page 2 of 3

4. I applied and I was qualified for full time employment.
5. On October 31, 2016, Respondent failed to hire me for full time employment.
6. Similarly situated less qualified younger candidates under the age of 40 or significantly younger than myself were hired for full time employment.

II. A. ISSUE/BASIS

FAILURE TO HIRE FOR FULL TIME EMPLOYMENT – OCTOBER 31, 2016, BECAUSE OF RACE, BLACK

B. PRIMA FACIE ALLEGATIONS

1. My race is black.
2. My work performance as part time lot coordinator meets Respondent's expectations. I was hired in February 2015.
3. Respondent had full time employment available.
4. I applied and I was qualified for full time employment.
5. On October 31, 2016, Respondent failed to hire me for full time employment.
6. Similarly situated less qualified non-black candidates were hired for full time employment.

III. A. ISSUE/BASIS

FAILURE TO HIRE FOR FULL TIME EMPLOYMENT – OCTOBER 31, 2016, BECAUSE OF DISABILITY, BACK DISORDER

B. PRIMA FACIE ALLEGATIONS

1. I am an individual with a disability as defined by the Illinois Human Rights Act.
2. Respondent is aware of my disability.
3. My work performance as part time lot coordinator meets Respondent's expectations. I was hired in February 2015.
4. Respondent had full time employment available.



**U.S. EQUAL OPPORTUNITY OPPORTUNITY COMMISSION
Chicago District Office**

FILE REVIEWS FAX: (312) 869-8220
 MEDIATION: (312) 869-8060
 HEARINGS FAX: (312) 869-8125

500 West Madison Street, Suite 2000
 Chicago, IL 60661
 PH: (312) 869-8000
 TTY: (312) 869-8001
 ENFORCEMENT FAX: (312) 869-8220
 STATE & LOCAL FAX: (312) 869-8077
 LEGAL FAX: (312) 869-8124

NOTICE OF DISCLOSURE RIGHTS

Parties to an EEOC charge are entitled to review and obtain copies of documents contained in their investigative file. Requests must be made in writing to **Sylvia Bustos** and either mailed to the address above, faxed to **(312) 869-8220** or sent via email to sylvia.bustos@eeoc.gov (please chose only one method, no duplicate requests). **Be sure to include your name, address, phone number and EEOC charge number with your request.**

If you are the Charging Party and a RIGHT TO SUE has been issued, you may be granted access to your file:

- * **Before filing a lawsuit**, but within 90 days of your receipt of the Right to Sue, or
- * **After your lawsuit has been filed**. If more than 90 days have elapsed since your receipt of the Right to Sue, include with your request a copy of the entire court complaint (with court stamped docket number) or enough pages to determine whether it was filed based on the EEOC charge.

If you are the **Respondent** you may be granted access to the file **only after** a lawsuit has been filed. Include with your request a copy of the entire court complaint that includes an official court stamped docket number.

Pursuant to federal statutes, certain documents, such as those which reflect the agency's deliberative process, will not be disclosed to either party.

You must sign an Agreement of Nondisclosure before you are granted access to the file, which will be sent to you after receipt of your written request. (Statutes enforced by the EEOC prohibit the agency from making investigative information public.)

The process for access to the file will begin no later than ten (10) days following receipt of your request.

When the file becomes available for review, you will be contacted. You may review the file in our offices and/or request that a copy of the file be sent to you. Files may not be removed from the office.

Your file will be copied by **Aloha Print Group, 60 East Van Buren, Suite 1502, Chicago, IL 60605, (312) 542-1300**. You are responsible for the copying costs and must sign an agreement to pay these costs before the file will be sent to the copy service. Therefore, **it is recommended that you first review your file** to determine what documents, if any, you want copied. EEOC will not review your file or provide a count of the pages contained in it. If you choose not to review your file, it will be sent **in its entirety** to the copy service, **and you will be responsible for the cost**. Payment must be made directly to **Aloha Print Group**, which charges 15 cents per page.



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office**

500 West Madison Street, Suite 2000
Chicago, IL 60661
Chicago Direct Dial: (312) 869-8000
Chicago TTY: (312) 869-8001
Fax: (312) 869-8220

IMPORTANT NOTICE. PLEASE READ CAREFULLY. KEEP THIS NOTICE WITH YOUR OTHER RECORDS OF THIS CHARGE. THIS MAY BE THE ONLY NOTIFICATION FROM EEOC.

IDHR CHARGE NUMBER: 2017CA1003 TERRY L DYSON

EEOC NOTICE OF CHARGE FILED

You are filing a charge of employment discrimination with the Illinois Department of Human Rights (IDHR).

As a result of an agreement between the Illinois Department of Human Rights (IDHR) and the U. S. Equal Employment Opportunity Commission (EEOC), the EEOC will also have a record of IDHR's charge of discrimination.

You are encouraged to cooperate with IDHR in the investigation of your charge. The final findings and orders of that agency may be adopted by the EEOC.

IDHR will process your charge. Under section 1601.76 of EEOC's regulations, you are entitled to request that EEOC review IDHR's investigation and findings. To obtain this review, you must request it by writing to this office within 15 days of your receipt of IDHR's final findings of your case. If we do not receive such a request for a review, EEOC will likely accept IDHR's findings without any review or any other processing by EEOC.

EEOC regulations require that you notify us of any change in address and keep us informed of any prolonged absence from your current address. Your cooperation in this matter is essential.

PLEASE NOTE: BUILDING SECURITY PROCEDURES PRESENTLY IN PLACE DO NOT PERMIT ACCESS TO EEOC WITHOUT AN APPOINTMENT. IF AN APPOINTMENT IS REQUIRED, CALL (312) 869-8000 OR 1-800-669-4000.

EEOC NOTICE

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974: See Privacy act statement before completing this form #17W1107.07		AGENCY <input checked="" type="checkbox"/> IDHR <input type="checkbox"/> EEOC	CHARGE NUMBER 2017CA1003
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Illinois Department of Human Rights and EEOC

NAME OF COMPLAINANT (indicate Mr. Ms. Mrs.) Mr. Terry L. Dyson, Sr.	TELEPHONE NUMBER (include area code) (312) 890-6503	
STREET ADDRESS 3738 W. 139th Place	CITY, STATE AND ZIP CODE Robbins, Illinois 60472	DATE OF BIRTH 8-20-59 M D YEAR
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (IF MORE THAN ONE LIST BELOW)		
NAME OF RESPONDENT America's Auto Auction Chicago	NUMBER OF EMPLOYEES, MEMBERS 15+	TELEPHONE NUMBER (include area code) (708)-389-4488
STREET ADDRESS 14001 Karlov Avenue	CITY, STATE AND ZIP CODE Crestwood, Illinois 60445	COUNTY Cook
CAUSE OF DISCRIMINATION BASED ON: Age Race Disability	DATE OF DISCRIMINATION EARLIEST (ADEA/EPA) LATEST (ALL) 10/31/16 10/31/16 <input type="checkbox"/> CONTINUING ACTION	

THE PARTICULARS OF THE CHARGE ARE AS FOLLOWS:

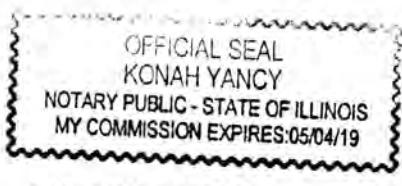
I. A. ISSUE/BASIS**FAILURE TO HIRE FOR FULL TIME EMPLOYMENT – OCTOBER 31, 2016, BECAUSE OF MY AGE, 57****B. PRIMA FACIE ALLEGATIONS**

1. My age was 57 at the time of this harm.
2. My work performance as part time lot coordinator meets Respondent's expectations. I was hired in February 2015.
3. Respondent had full time employment available.

Page 1 of 3

I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

SUBSCRIBED AND SWORN TO BEFORE ME
 THIS 17th DAY OF November, 2016
K. Dyson Notary Signature 11/7/2016
 NOTARY SIGNATURE



NOTARY STAMP

X Terry Dyson Br. 11-7-16
 SIGNATURE OF COMPLAINANT DATE

I declare under penalty that the foregoing is true and correct I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

- Charge Number: 2017CA1003
- Complainant: Terry L. Dyson, Sr.
- Page 2 of 3

4. I applied and I was qualified for full time employment.
5. On October 31, 2016, Respondent failed to hire me for full time employment.
6. Similarly situated less qualified younger candidates under the age of 40 or significantly younger than myself were hired for full time employment.

II. A. ISSUE/BASIS

FAILURE TO HIRE FOR FULL TIME EMPLOYMENT – OCTOBER 31, 2016, BECAUSE OF RACE, BLACK

B. PRIMA FACIE ALLEGATIONS

1. My race is black.
2. My work performance as part time lot coordinator meets Respondent's expectations. I was hired in February 2015.
3. Respondent had full time employment available.
4. I applied and I was qualified for full time employment.
5. On October 31, 2016, Respondent failed to hire me for full time employment.
6. Similarly situated less qualified non- black candidates were hired for full time employment.

III. A. ISSUE/BASIS

FAILURE TO HIRE FOR FULL TIME EMPLOYMENT – OCTOBER 31, 2016, BECAUSE OF DISABILITY, BACK DISORDER

B. PRIMA FACIE ALLEGATIONS

1. I am an individual with a disability as defined by the Illinois Human Rights Act.
2. Respondent is aware of my disability.
3. My work performance as part time lot coordinator meets Respondent's expectations. I was hired in February 2015.
4. Respondent had full time employment available.

ILLINOIS DEPARTMENT OF
Human Rights

Bruce Rauner, Governor
Janice Glenn, Acting Director

March 23, 2017

TERRY L DYSON
3738 W 139TH PLACE
ROBBINS, IL 60472

RE: Charge No.: 2017CA1973
Respondent: AMERICA AUTO AUCTION
Complaint or Civil Action Filing Dates: 3/10/2018 through 6/7/2018

Dear Complainant:

You have filed a discrimination charge under the Human Rights Act. A copy of the charge has been served on the Respondent. Keep this letter for reference if you need to telephone the Illinois Department of Human Rights ('IDHR'). If there is an 'A', 'E', or 'F' in your charge number, we are enclosing an important notice from the Federal Equal Employment Opportunity Commission ('EEOC') because your charge has been automatically filed with that agency.

If your charge involves the basis of disability, IDHR requires that two additional forms be completed to determine whether IDHR has jurisdiction over your identified medical condition. If we do not have copies of these documents in your file, we have included copies with this notice.

1) Verification of Disability.

Please give the Verification of Disability form to your physician for completion. Request your physician return the completed form by mail to IDHR's address below within 30 days of your receipt of this notice; and

2) Consent form.

The consent form allows IDHR to review your physician's documentation. Please fill out the consent form and return it to IDHR, again, within 30 days of your receipt of this notice.

If your charge does not involve the basis of disability, then the Verification of Disability and Consent Forms are not needed and are not enclosed.

When a fact-finding conference is scheduled, you will be advised of the date. It is your responsibility to cooperate with IDHR's investigation and provide all pertinent information you have concerning the case by the dates requested.

You have the right to file a complaint with the Human Rights Commission or commence a civil action in the appropriate circuit court if IDHR has not completed your case by issuing its report of findings within 365 days from the date you filed your PERFECTED signed and notarized charge or within any extension of that time to which you and the Respondent have agreed in writing.

Within 90 days of the expiration of the 365 days or extension (see above paragraph), if you choose, you may file a complaint with the Human Rights Commission or commence a civil action in the appropriate circuit court. We have calculated the time above (see Complaint or Civil Action Filing Dates). While we have made this calculation with the best of intentions, errors can occur. The Commission has ruled that it is your responsibility to count the number of days properly. If you file a complaint or commence a civil action in circuit court outside of this 90-day period, the Commission may dismiss your complaint; or, your civil action may be deemed untimely.

Once 455 days (or the extended time) have passed, IDHR must dismiss your charge with prejudice without any further right to proceed if you have not filed a complaint with the Commission, or commenced a civil action in the appropriate circuit court. Therefore, you may wish to contact an attorney to decide the best way for you to handle your case. If you file a complaint with the Human Rights Commission, the form of the complaint must be in accordance with Section 7A-102(F) of the Human Rights Act. You must serve a copy of the complaint filed with the Commission on IDHR, on the same day that you file a complaint with the Commission. The Commission will then schedule a hearing for your case before an Administrative Law Judge. If you commence a civil action in a circuit court, the form of the complaint must be in accordance with the Illinois Code of Civil Procedure. If you file a complaint with the Human Rights Commission, you may not later commence a civil action in circuit court.

You must advise IDHR of all changes of name, address, or telephone numbers. If you do not do so, IDHR may dismiss your case if it cannot locate you.

1509-0059 IN-6 NON-MED

Rev. 06/14

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974: See Privacy act statement before completing this form. #17W0309.04		<input checked="" type="checkbox"/> AGENCY IDHR <input type="checkbox"/> EEOC	CHARGE NUMBER 2017CA1973
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Illinois Department of Human Rights and EEOC

NAME OF COMPLAINANT (indicate Mr. Ms. Mrs.) Mr. Terry L. Dyson Sr.		TELEPHONE NUMBER (include area code) (312) 890-6503	
STREET ADDRESS 3738 W. 139 th Place	CITY, STATE AND ZIP CODE Robbins, IL 60472	DATE OF BIRTH 08/20/1959 M D YEAR	
NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (IF MORE THAN ONE LIST BELOW)			
NAME OF RESPONDENT America's Auto Auction Inc.	NUMBER OF EMPLOYEES, MEMBERS 15+	TELEPHONE NUMBER (include area code) (708) 389-4488	
STREET ADDRESS 14001 Karlov Avenue	CITY, STATE AND ZIP CODE Crestwood, IL 60445	COUNTY Cook	
CAUSE OF DISCRIMINATION BASED ON: Race Age Retaliation		DATE OF DISCRIMINATION EARLIEST (ADEA/EPA) LATEST (ALL) 2/2017 03/2017 <input type="checkbox"/> CONTINUING ACTION	

THE PARTICULARS OF THE CHARGE ARE AS FOLLOWS:

I. A. ISSUE/BASIS

FINAL WARNING - FEBRUARY 8, 2017, BECAUSE OF MY RACE, BLACK

B. PRIMA FACIE ALLEGATIONS

1. My race is black.
2. I began my employment with Respondent in February 2015. My work performance as a lot coordinator meets Respondent's legitimate expectations.

Page 1 of 4

I also want this charge filed with the EEOC. I will advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 9th DAY OF March 2017.

Donna M. Evans
 NOTARY SIGNATURE



NOTARY STAMP

X Terry L. Dyson 3-9-17
 SIGNATURE OF COMPLAINANT DATE

I declare under penalty that the foregoing is true and correct I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

Charge Number: 2017CA1973

Complainant: Terry Dyson, Sr.

Page 2 of 4

3. On February 8, 2017, I was placed on a final warning. The reason given by Mike Kirby (non-black), Supervisor and Chuck Anderson (non-black), Supervisor, was violation of Respondent's policy.
4. Similarly situated non-black employees who have violated Respondent's policy were treated more favorably under similar circumstances.

II. A. ISSUE/BASIS

FINAL WARNING – FEBRUARY 8, 2017, BECAUSE OF MY AGE, 57

B. PRIMA FACIE ALLEGATIONS

1. My age at the time of the alleged harm was 57.
2. I began my employment with Respondent in February 2015. My work performance as a lot coordinator meets Respondent's legitimate expectations.
3. On February 8, 2017, I was placed on a final warning. The reason given by Mike Kirby (age unknown), Supervisor and Chuck Anderson (age unknown), Supervisor, was violation of Respondent's policy.
4. Similarly situated employees who are younger than age 40 and have violated Respondent's policy were treated more favorably under similar circumstances.

III. A. ISSUE/BASIS

FINAL WARNING – FEBRUARY 8, 2017, IN RETALIATION FOR FILING A CHARGE OF DISCRIMINATION

B. PRIMA FACIE ALLEGATIONS

1. In November 2016, I engaged in a protected activity when I filed charge number 2017CA1003, against Respondent with the Department of Human Rights.
2. On February 8, 2017, I was placed on a final warning. The reason given by Mike Kirby, Supervisor and Chuck Anderson, Supervisor, was violation of Respondent's policy.
3. The adverse action followed the filing of my previous charge within such a period of time as to raise an inference of retaliatory motivation

Charge Number: 2017CA1973

Complainant: Terry Dyson, Sr.

Page 3 of 4

IV. A. ISSUE/BASIS

SUSPENSION – FEBRUARY 8, 2017, BECAUSE OF MY RACE, BLACK

B. PRIMA FACIE ALLEGATIONS

1. My race is black.
2. I began my employment with Respondent in February 2015. My work performance as a lot coordinator meets Respondent's legitimate expectations.
3. On February 8, 2017, I was given a five day suspension. The reason given by Mike Kirby (non-black), Supervisor and Chuck Anderson (non-black), Supervisor, was violation of Respondent's policy.
4. Similarly situated non-black employees who have violated Respondent's policy were treated more favorably under similar circumstances.

V. A. ISSUE/BASIS

SUSPENSION – FEBRUARY 8, 2017, BECAUSE OF MY AGE, 57

B. PRIMA FACIE ALLEGATIONS

1. My age at the time of the alleged harm was 57.
2. I began my employment with Respondent in February 2015. My work performance as a lot coordinator meets Respondent's legitimate expectations.
3. On February 8, 2017, I was given a five day suspension. The reason given by Mike Kirby (age unknown), Supervisor and Chuck Anderson (age unknown), Supervisor, was violation of Respondent's policy.
4. Similarly situated employees younger than age 40 who have violated Respondent's policy were treated more favorably under similar circumstances.

Charge Number: 2017CA1973
Complainant: Terry Dyson, Sr.
Page 4 of 4

VI. A. ISSUE/BASIS

SUSPENSION – FEBRUARY 8, 2017, IN RETALIATION FOR FILING A CHARGE OF DISCRIMINATION

B. PRIMA FACIE ALLEGATIONS

1. In November 2016, I engaged in a protected activity when I filed charge number 2017CA1003, against Respondent with the Department of Human Rights.
2. On February 8, 2017, I was given a five day suspension. The reason given by Mike Kirby, Supervisor and Chuck Anderson, Supervisor, was violation of Respondent's policy.
3. The adverse action followed the filing of my previous charge within such a period of time as to raise an inference of retaliatory motivation

VII. A. ISSUE/BASIS

HARASSMENT – MARCH 2017, IN RETALIATION FOR FILING A CHARGE OF DISCRIMINATION

B. PRIMA FACIE ALLEGATIONS

1. In November 2016, I engaged in a protected activity when I filed charge number 2017CA1003, against Respondent with the Department of Human Rights.
2. On March 7, 2017, Larry Hero, Owner, threatened to fire me if I appeared at the fact finding conference scheduled for March 9, 2017, by the Illinois Department of Human Rights.
3. The adverse action followed the filing of my previous charge within such a period of time as to raise an inference of retaliatory motivation

MEE/RCG



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office**

500 West Madison Street, Suite 2000
Chicago, IL 60661
(312) 869-8000
INTAKE FAX (312) 869-8170

PLEASE READ FIRST

This is in response to your request that a Charge Questionnaire be sent to you because you believe that you may have been discriminated against in employment. Please read the enclosed fact sheet, "Information on Employment Discrimination" before filling out the questionnaire. If your complaint (1) is against one of the covered organizations, (2) falls under one or more of the laws described, and (3) asserts harm which occurred less than 300 days ago, complete the enclosed questionnaire and bring, fax or mail it to the Commission office at the above address. An officer of the Commission will interview you to determine whether a charge of discrimination should be filed. Our office hours for interviews are 8:45 AM and 10:45 AM Monday through Friday. Interviews are conducted by appointment. Walk-ins are accepted if you arrive before 11:30 AM, but appointments have priority and you may be asked to make an appointment due to available resources. Please call (312) 869-8010 to schedule an appointment.

If you live more than 50 miles from Chicago or cannot come into the office because of impairment, you may mail or Fax the questionnaire to the above address. Because of staff shortages there will be a delay before you are contacted. If you are not contacted within 60 days for an appointment, you may call (312) 869-8010. Please attach a note to your form stating what times you are normally available to receive telephone calls and at what number you may be reached.

When you bring, mail or Fax in your questionnaire, we ask that you provide or attach any evidence available to you which might be relevant to your claim. For example, this might include (1) the names of individuals who were treated the same as you and of those who were treated better than you, (2) the names, addresses, and telephone numbers of witnesses; and (3) copies of documents which tell what happened to you and/or the policy under which it happened.

INFORMATION ON EMPLOYMENT DISCRIMINATION

This information is being given to you to help you decide whether your employment problem can be handled by the United States Equal Employment Opportunity Commission (EEOC). The EEOC was created by Congress to investigate allegations of employment discrimination engaged in by private employers, public state and local governments, labor unions and employment agencies. The EEOC can only investigate allegations of employment discrimination because of one or more of the reasons listed below:

- Your race,
- Your color (darkness or lightness of skin),
- Your sex,
- Your religion,
- Your national origin,
- Your age (if you are 40 or older), or
- Your disability (includes employer's belief that you are disabled),
- Your genetic information (acquiring or use of)
- Opposing or protesting an act violating one of the laws enforced by EEOC,
- Participating in an investigation or proceeding relating to one of the laws enforced by EEOC,
- Associating with someone protected by one of the laws enforced by EEOC.

Some of these terms may have different meanings under the laws we enforce than elsewhere. EEOC can provide you with information regarding the meaning of the terms concerning your situation.

The EEOC does not accept complaints of discrimination against the Federal Government. Such complaints must be filed with the EEO office of the agency alleged to have engaged in discrimination.

The EEOC does not investigate charges alleging unfairness unrelated to race, color, sex, religion, national origin, age or disability.

The laws EEOC enforces against employment discrimination based on race, color, religion, sex, national origin, and disability require that an employer must employ 15 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

The law that prohibits employment discrimination against persons 40 years of age or older requires that the employer must employ 20 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

A law that prohibits discrimination based on sex in the payment of wages for substantially equal work requires that a lawsuit must be filed within two years of the alleged discriminatory act. The employer must employ at least one employee other than the employee complaining of discrimination. A charge may be filed within the same two year period but is not required.

EEOC accepts charges of discrimination from the public and depending on the circumstances, may take one or more of the following actions regarding a charge:

1. Investigate to the extent EEOC deems necessary to determine whether illegal employment discrimination probably has occurred;
2. Attempt to work out a settlement of the dispute between the individual who filed the charge (Charging Party) and the organization accused of employment discrimination (Respondent); or;
3. Provide the Charging Party with a notice which permits him/her to sue the Respondent.

YOU MAY FILE A CHARGE

Sometimes we cannot tell whether what happened to you is something that we should investigate. We may ask you to get additional information or wait until it is clear as to what has happened and then return to our office.

Regardless of what we believe, you may file a charge with us. This is your decision to make. If you file a charge under these circumstances, we may still dismiss your charge because we have no authority to investigate or because we believe that no violation of the law has occurred. Filing a charge gives you an independent right to sue the organization. Whether you would win your lawsuit would be a matter for the court to determine.

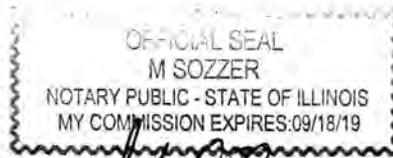
**My signature acknowledges that I have read the above:
INFORMATION ON EMPLOYMENT
DISCRIMINATION and YOU MAY FILE A CHARGE.**

Signature:

John L. Sozer Jr.

Date: 9-1-17

CASE # 21 BA 70949





**U.S. EQUAL OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: DYSON First Name: TERRY MI: L.

Street or Mailing Address: 3738 W. 139th Apt or Unit #: _____

City: ROBBINS County: COOK State: IL Zip: 60472

Phone Numbers: Home: () _____ Work: () _____

Cell: (312) 890-6503 Email Address: _____

Date of Birth: 8-20-1959 Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No

ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? UNITED STATES

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: DAVID DYSON Relationship: BROTHER

Address: 13731 LAWNDALE City: ROBBINS State: IL Zip Code: 60472

Home Phone: () _____ Other Phone: (708) 712-2244

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: AMERICAN AUTO AUCTION CHICAGO

Address: 1400 S. KARLOV AVE County: COOK

City: CRESTWOOD State: IL Zip: 60445 Phone: () _____

Type of Business: SALE CARS Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: KELLY Phone: () _____

Number of Employees in the Organization at All Locations: Please Check (J) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: 2-15 Job Title At Hire: DRIVER ON AUCTION DAYS

Pay Rate When Hired: M\$ - yr 8.50 Last or Current Pay Rate: 10th 7-1-2017 HAPEN

Job Title at Time of Alleged Discrimination: DENIED Position: POSITION Date Quit/Discharged: PRESENTLY

Name and Title of Immediate Supervisor: MIKE KIRBY

If Job Applicant, Date You Applied for Job 10-2016 Job Title Applied For Maintenance POSITION

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved:
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

RATE OF PAY

10 AN HOUR

Other reason (basis) for discrimination (Explain): _____

TERRY DUNSON RICH HOFATH
AFRICAN AMERICAN CAUCASIAN GOT THE
PRESIDENTED POSITION

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 3-9-2017 Action: I REQUEST FOR MAINTENANCE POSITION TO LARRY HERO AT FACT FINDING CONFERENCE MY ATTORNEY PRESENT LATER DENIED.

Name and Title of Person(s) Responsible: GENERAL MANAGER LARRY HERO

B. Date: _____ Action: LATER THIS POSITION WAS GIVEN TO RICH HOFATH, THEN TO DAVE REYHER WHILE UNDER FEDERAL INVESTIGATION

Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

THEY WERE DETERMINE NOT TO GIVE ME A RAISE TO MAKE ME QUIT BEFORE 7-1-17 HAPPEN, EVERY ONE GOT PROMOTIONS

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title? BUT ME HIS ANSWER WAS GERALD LEE IS OR SHOULD BE GLADE TO HAVE HIS JOB (DISCRIMINATION AND RETALIATION)

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
-----------	---	-----------	--------------------------

A. I DON'T KNOW ANY ONE ELSE.

B. _____

Of the persons in the same or similar situation as you, who was treated *worse* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
------------------	--	------------------	---------------------------------

A. I DON'T KNOW ANY ONE ELSE

B. _____

Of the persons in the same or similar situation as you, who was treated the *same* as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
------------------	--	------------------	---------------------------------

A. I DON'T KNOW ANY ONE ELSE

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- Yes, I have a disability
 I do not have a disability now but I did have one
 No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

No

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?
 Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?
 Yes No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for:

How did your employer respond to your request?

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

<u>Full Name</u>	<u>Job Title</u>	<u>Address & Phone Number</u>	<u>What do you believe this person will tell us?</u>
A. _____			
B. _____			

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

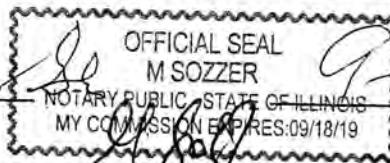
NOT YET

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Jenny L. Dyer
Signature



9-17
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a)
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

CASE # ZIBA 70949



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office**

500 West Madison Street, Suite 2000
Chicago, IL 60661
(312) 869-8000
INTAKE FAX (312) 869-8170

PLEASE READ FIRST

This is in response to your request that a Charge Questionnaire be sent to you because you believe that you may have been discriminated against in employment. Please read the enclosed fact sheet, "Information on Employment Discrimination" before filling out the questionnaire. If your complaint (1) is against one of the covered organizations, (2) falls under one or more of the laws described, and (3) asserts harm which occurred less than 300 days ago, complete the enclosed questionnaire and bring, fax or mail it to the Commission office at the above address. An officer of the Commission will interview you to determine whether a charge of discrimination should be filed. Our office hours for interviews are 8:45 AM and 10:45 AM Monday through Friday. Interviews are conducted by appointment. Walk-ins are accepted if you arrive before 11:30 AM, but appointments have priority and you may be asked to make an appointment due to available resources. Please call (312) 869-8010 to schedule an appointment.

If you live more than 50 miles from Chicago or cannot come into the office because of impairment, you may mail or Fax the questionnaire to the above address. Because of staff shortages there will be a delay before you are contacted. If you are not contacted within 60 days for an appointment, you may call (312) 869-8010. Please attach a note to your form stating what times you are normally available to receive telephone calls and at what number you may be reached.

When you bring, mail or Fax in your questionnaire, we ask that you provide or attach any evidence available to you which might be relevant to your claim. For example, this might include (1) the names of individuals who were treated the same as you and of those who were treated better than you, (2) the names, addresses, and telephone numbers of witnesses; and (3) copies of documents which tell what happened to you and/or the policy under which it happened.

INFORMATION ON EMPLOYMENT DISCRIMINATION

This information is being given to you to help you decide whether your employment problem can be handled by the United States Equal Employment Opportunity Commission (EEOC). The EEOC was created by Congress to investigate allegations of employment discrimination engaged in by private employers, public state and local governments, labor unions and employment agencies. The EEOC can only investigate allegations of employment discrimination because of one or more of the reasons listed below:

Your race,
Your color (darkness or lightness of skin),
Your sex,
Your religion,
Your national origin,
Your age (if you are 40 or older), or
Your disability (includes employer's belief that you are disabled),
Your genetic information (acquiring or use of)
Opposing or protesting an act violating one of the laws enforced by EEOC,
Participating in an investigation or proceeding relating to one of the laws enforced by EEOC,
Associating with someone protected by one of the laws enforced by EEOC.

Some of these terms may have different meanings under the laws we enforce than elsewhere. EEOC can provide you with information regarding the meaning of the terms concerning your situation.

The EEOC does not accept complaints of discrimination against the Federal Government. Such complaints must be filed with the EEO office of the agency alleged to have engaged in discrimination.

The EEOC does not investigate charges alleging unfairness unrelated to race, color, sex, religion, national origin, age or disability.

The laws EEOC enforces against employment discrimination based on race, color, religion, sex, national origin, and disability require that an employer must employ 15 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

The law that prohibits employment discrimination against persons 40 years of age or older requires that the employer must employ 20 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

A law that prohibits discrimination based on sex in the payment of wages for substantially equal work requires that a lawsuit must be filed within two years of the alleged discriminatory act. The employer must employ at least one employee other than the employee complaining of discrimination. A charge may be filed within the same two year period but is not required.

EEOC accepts charges of discrimination from the public and depending on the circumstances, may take one or more of the following actions regarding a charge:

1. Investigate to the extent EEOC deems necessary to determine whether illegal employment discrimination probably has occurred;
2. Attempt to work out a settlement of the dispute between the individual who filed the charge (Charging Party) and the organization accused of employment discrimination (Respondent); or;
3. Provide the Charging Party with a notice which permits him/her to sue the Respondent.

YOU MAY FILE A CHARGE

Sometimes we cannot tell whether what happened to you is something that we should investigate. We may ask you to get additional information or wait until it is clear as to what has happened and then return to our office.

Regardless of what we believe, you may file a charge with us. This is your decision to make. If you file a charge under these circumstances, we may still dismiss your charge because we have no authority to investigate or because we believe that no violation of the law has occurred. Filing a charge gives you an independent right to sue the organization. Whether you would win your lawsuit would be a matter for the court to determine.

**My signature acknowledges that I have read the above:
INFORMATION ON EMPLOYMENT
DISCRIMINATION and YOU MAY FILE A CHARGE.**

Signature: Jerry L. Dwyer Sr. Date: 9-1-17





**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: DYSON First Name: TERRY MI: L.
 Street or Mailing Address: 3738 W. 139th Apt or Unit #: _____
 City: ROBBINS County: COOK State: ILL. Zip: 60472
 Phone Numbers: Home: (____) _____ Work: (____) _____
 Cell: (312) 890-6503 Email Address: _____
 Date of Birth: 08-20-1959 Sex: Male Female Do You Have a Disability? Yes No
 Please answer each of the next three questions.
 i. Are you Hispanic or Latino? Yes No
 ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander
 iii. What is your National Origin (country of origin or ancestry)? UNITED STATES

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: DAVID DYSON Relationship: BROTHER
 Address: 13731 LAWNDALE City: ROBBINS State: ILL Zip Code: 60472
 Home Phone: (____) _____ Other Phone: (708) 712-2244

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) **If more than one employer is involved, attach additional sheets.**

Organization Name: AMERICA'S AUTO AUCTION

Address: 14001 KARLOV AVE County: COOK
 City: CRESTWOOD State: ILL Zip: 60445 Phone: (____)

Type of Business: SALE CARS Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: _____ Phone: (____)

Number of Employees in the Organization at All Locations: Please Check (J) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: FEB 2013 Job Title At Hire: DRIVER ON AUCTION DAYS

Pay Rate When Hired: .85 Last or Current Pay Rate: 10.00

Job Title at Time of Alleged Discrimination: LOT COORDINATOR Date Quit/Discharged: PRESENTLY

Name and Title of Immediate Supervisor: MIKE KIRBY

If Job Applicant, Date You Applied for Job 5-2016 Job Title Applied For TIRE REPAIRMAN

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved:
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: I'm African Amer ^{THREE} Caucasian - Mex.

If you checked genetic information, how did the employer obtain the genetic information? N/A

Other reason (basis) for discrimination (Explain): I ASKED FOR THIS POSITION DENIED TWICE AND

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 5/2016 Action: I ASK FORMER SUPERVISOR FOR THIS POSITION BUT A YOUNGER CAUCASIAN CHRIS JUANIDOS - AND DREW GOT THIS
Name and Title of Person(s) Responsible: MIKE THEIS

B. Date: 6-12-2017 Action: I WAS TOLD THAT I HAVE THE EXPERIENCE FOR THIS BY SUPERVISOR MIKE KIRBY AND HAVE THE JOB BUT STILL DENIED
Name and Title of Person(s) Responsible MIKE KIRBY

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

MANAGEMENT FAUVS HIS RACE OVER ME AND HE FAUVS YOUNGER MEN OVER ME WHILE UNDER FEDERAL INVESTIGATION

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

SUPERVISOR KIRBY TOLD ME I GOT THE POSITION BUT DENIED ME AND GAVE IT TO JOHN KRENN -

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
-----------	---	-----------	--------------------------

A. I DON'T KNOW ANY ONE ELSE -

B. _____

Of the persons in the same or similar situation as you, who was treated *worse* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
A. <i>I DON'T KNOW ANY ONE ELSE</i>			

B. _____

Of the persons in the same or similar situation as you, who was treated the *same* as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
A. <i>I DON'T KNOW ANY ONE ELSE</i>			

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- Yes, I have a disability
 I do not have a disability now but I did have one
 No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

No

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?
 Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?
 Yes No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: _____

How did your employer respond to your request? _____

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

<u>Full Name</u>	<u>Job Title</u>	<u>Address & Phone Number</u>	<u>What do you believe this person will tell us?</u>
A. NO ONE WILL TALK IN FEAR OF LOSING THEIR JOB			
B.			

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

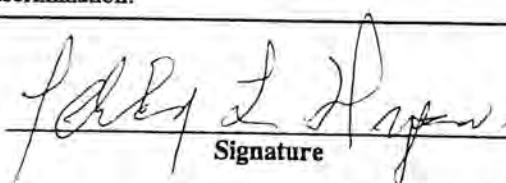
16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

NO RESULTS YET

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

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Signature



OFFICIAL SEAL
M SOZZER
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES 09/18/19

Today's Date

9-8-17

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- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
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U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office

500 West Madison Street, Suite 2000
Chicago, IL 60661
(312) 869-8000
INTAKE FAX (312) 869-8170

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EMPLOYEE HANDBOOK - pg #9

INFORMATION ON EMPLOYMENT DISCRIMINATION

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- Your race,
- Your color (darkness or lightness of skin),
- Your sex,
- Your religion,
- Your national origin,
- Your age (if you are 40 or older), or
- Your disability (includes employer's belief that you are disabled),
- Your genetic information (acquiring or use of)
- Opposing or protesting an act violating one of the laws enforced by EEOC,
- Participating in an investigation or proceeding relating to one of the laws enforced by EEOC,
- Associating with someone protected by one of the laws enforced by EEOC.

Some of these terms may have different meanings under the laws we enforce than elsewhere. EEOC can provide you with information regarding the meaning of the terms concerning your situation.

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The EEOC does not investigate charges alleging unfairness unrelated to race, color, sex, religion, national origin, age or disability.

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The law that prohibits employment discrimination against persons 40 years of age or older requires that the employer must employ 20 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

A law that prohibits discrimination based on sex in the payment of wages for substantially equal work requires that a lawsuit must be filed within two years of the alleged discriminatory act. The employer must employ at least one employee other than the employee complaining of discrimination. A charge may be filed within the same two year period but is not required.

EEOC accepts charges of discrimination from the public and depending on the circumstances, may take one or more of the following actions regarding a charge:

1. Investigate to the extent EEOC deems necessary to determine whether illegal employment discrimination probably has occurred;
2. Attempt to work out a settlement of the dispute between the individual who filed the charge (Charging Party) and the organization accused of employment discrimination (Respondent); or;
3. Provide the Charging Party with a notice which permits him/her to sue the Respondent.

YOU MAY FILE A CHARGE

Sometimes we cannot tell whether what happened to you is something that we should investigate. We may ask you to get additional information or wait until it is clear as to what has happened and then return to our office.

Regardless of what we believe, you may file a charge with us. This is your decision to make. If you file a charge under these circumstances, we may still dismiss your charge because we have no authority to investigate or because we believe that no violation of the law has occurred. Filing a charge gives you an independent right to sue the organization. Whether you would win your lawsuit would be a matter for the court to determine.

My signature acknowledges that I have read the above:
**INFORMATION ON EMPLOYMENT
DISCRIMINATION and YOU MAY FILE A CHARGE.**

Signature:

Jelly Dyer

Date:

9-1-17





**U.S. EQUAL OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: DYSON First Name: TERRY MI: L
 Street or Mailing Address: 3738 W. 139TH PL Apt or Unit #: _____
 City: ROBBINS County: COOK State: ILL Zip: 60472
 Phone Numbers: Home: (312) 890-6503 Work: ()
 Cell: () Email Address: _____
 Date of Birth: 08-20-1959 Sex: Male Female Do You Have a Disability? Yes No
 Please answer each of the next three questions.
 i. Are you Hispanic or Latino? Yes No
 ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander
 iii. What is your National Origin (country of origin or ancestry)? _____

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: DAVID DYSON Relationship: BROTHER
 Address: _____ City: ROBBINS State: ILL Zip Code: 60472
 Home Phone: () Other Phone: 708 712-2244

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: AMERICA'S AUTO AUCTION CHICAGO

Address: _____ County: COOK
 City: CRESTWOOD State: ILL Zip: _____ Phone: ()

Type of Business: _____ Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: _____ Phone: ()

Number of Employees in the Organization at All Locations: Please Check (/) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: 02-2015 Job Title At Hire: DRIVER ON AUCTION DAY

Pay Rate When Hired: 850 Last or Current Pay Rate: 1000 - 07-1-2017 + APPLIED

Job Title at Time of Alleged Discrimination: HASASSMENT Date Quit/Discharged: PRESENTLY EMPLOYED

Name and Title of Immediate Supervisor: GENERAL MANAGER HERB SUPERVISOR KIRBY

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved:
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain): _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: _____ Action: SEE ATTACHMENT: _____

Name and Title of Person(s) Responsible: _____

B. Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
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A. JOE GREENWALT - CAUCASIAN - MALE - mid 30's

HE DON'T DO NO WORK - BECAUSE HE'S THE SUPERVISOR FRIEND

B. VERONICA VOTER - CAUCASIAN - FEMALE - EARLY 20's

SHE GET'S ALWAY NONE WORK - BECAUSE SHE DO SPECIAL FAVERS

For Supervisor
Mike Kirby
BRAU MANSANAREZ

Of the persons in the same or similar situation as you, who was treated *worse* than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
-----------	---	-----------	--------------------------

A. NO - ONE

B. _____

Of the persons in the same or similar situation as you, who was treated the *same* as you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
-----------	---	-----------	--------------------------

A. NO - ONE

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- Yes, I have a disability
 I do not have a disability now but I did have one
 No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

NO

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

 Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

 Yes No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: N/AHow did your employer respond to your request? N/A

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13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

Full Name	Job Title	Address & Phone Number	What do you believe this person will tell us?
A.			
B.			

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

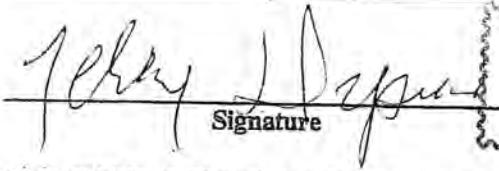
16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

NO RESULTS YET

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.


Signature

OFFICIAL SEAL
M SOZZER
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 09/18/19
9-1-17
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 628, 42 U.S.C. 12117(a)
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.



**U.S. EQUAL OPPORTUNITY COMMISSION
Chicago District Office**

500 West Madison Street, Suite 2000
Chicago, IL 60661
(312) 869-8000
INTAKE FAX (312) 869-8170

PLEASE READ FIRST

This is in response to your request that a Charge Questionnaire be sent to you because you believe that you may have been discriminated against in employment. Please read the enclosed fact sheet, "Information on Employment Discrimination" before filling out the questionnaire. If your complaint (1) is against one of the covered organizations, (2) falls under one or more of the laws described, and (3) asserts harm which occurred less than 300 days ago, complete the enclosed questionnaire and bring, fax or mail it to the Commission office at the above address. An officer of the Commission will interview you to determine whether a charge of discrimination should be filed. Our office hours for interviews are 8:45 AM and 10:45 AM Monday through Friday. Interviews are conducted by appointment. Walk-ins are accepted if you arrive before 11:30 AM, but appointments have priority and you may be asked to make an appointment due to available resources. Please call (312) 869-8010 to schedule an appointment.

If you live more than 50 miles from Chicago or cannot come into the office because of impairment, you may mail or Fax the questionnaire to the above address. Because of staff shortages there will be a delay before you are contacted. If you are not contacted within 60 days for an appointment, you may call (312) 869-8010. Please attach a note to your form stating what times you are normally available to receive telephone calls and at what number you may be reached.

When you bring, mail or Fax in your questionnaire, we ask that you provide or attach any evidence available to you which might be relevant to your claim. For example, this might include (1) the names of individuals who were treated the same as you and of those who were treated better than you, (2) the names, addresses, and telephone numbers of witnesses; and (3) copies of documents which tell what happened to you and/or the policy under which it happened.

INFORMATION ON EMPLOYMENT DISCRIMINATION

This information is being given to you to help you decide whether your employment problem can be handled by the United States Equal Employment Opportunity Commission (EEOC). The EEOC was created by Congress to investigate allegations of employment discrimination engaged in by private employers, public state and local governments, labor unions and employment agencies. The EEOC can only investigate allegations of employment discrimination because of one or more of the reasons listed below:

- >Your race,
- Your color (darkness or lightness of skin),
- Your sex,
- Your religion,
- Your national origin,
- Your age (if you are 40 or older), or
- Your disability (includes employer's belief that you are disabled),
- Your genetic information (acquiring or use of)
- Opposing or protesting an act violating one of the laws enforced by EEOC,
- Participating in an investigation or proceeding relating to one of the laws enforced by EEOC,
- Associating with someone protected by one of the laws enforced by EEOC.

Some of these terms may have different meanings under the laws we enforce than elsewhere. EEOC can provide you with information regarding the meaning of the terms concerning your situation.

The EEOC does not accept complaints of discrimination against the Federal Government. Such complaints must be filed with the EEO office of the agency alleged to have engaged in discrimination.

The EEOC does not investigate charges alleging unfairness unrelated to race, color, sex, religion, national origin, age or disability.

The laws EEOC enforces against employment discrimination based on race, color, religion, sex, national origin, and disability require that an employer must employ 15 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

The law that prohibits employment discrimination against persons 40 years of age or older requires that the employer must employ 20 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

A law that prohibits discrimination based on sex in the payment of wages for substantially equal work requires that a lawsuit must be filed within two years of the alleged discriminatory act. The employer must employ at least one employee other than the employee complaining of discrimination. A charge may be filed within the same two year period but is not required.

EEOC accepts charges of discrimination from the public and depending on the circumstances, may take one or more of the following actions regarding a charge:

1. Investigate to the extent EEOC deems necessary to determine whether illegal employment discrimination probably has occurred;
2. Attempt to work out a settlement of the dispute between the individual who filed the charge (Charging Party) and the organization accused of employment discrimination (Respondent); or;
3. Provide the Charging Party with a notice which permits him/her to sue the Respondent.

YOU MAY FILE A CHARGE

Sometimes we cannot tell whether what happened to you is something that we should investigate. We may ask you to get additional information or wait until it is clear as to what has happened and then return to our office.

Regardless of what we believe, you may file a charge with us. This is your decision to make. If you file a charge under these circumstances, we may still dismiss your charge because we have no authority to investigate or because we believe that no violation of the law has occurred. Filing a charge gives you an independent right to sue the organization. Whether you would win your lawsuit would be a matter for the court to determine.

**My signature acknowledges that I have read the above:
INFORMATION ON EMPLOYMENT
DISCRIMINATION and YOU MAY FILE A CHARGE.**

Signature:

Leahy Dyer

Date:

9-1-17





**U.S. EQUAL OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: Dyson First Name: Terry MI: _____

Street or Mailing Address: 3738 W. 139th Apt or Unit #: _____

City: ROBBINS County: COOK State: ILL Zip: 60472

Phone Numbers: Home: (____) _____ Work: (____) _____

Cell: (312) 890-6503 Email Address: _____

Date of Birth: 8-20-59 Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No

ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? _____

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Darrell Dyson Relationship: BROTHER

Address: 13701 City: ROBBINS State: ILL Zip Code: 60472

Home Phone: (____) _____ Other Phone: (____) _____

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: AMERICAN AUTO AUCTION

Address: 14001 KARLON AVE County: _____

City: CRESTWOOD State: ILL Zip: _____ Phone: (708) 389-4488

Type of Business: CARS Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: _____ Phone: (____) _____

Number of Employees in the Organization at All Locations: Please Check (/) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: 2-15 Job Title At Hire: Driver

Pay Rate When Hired: \$50 Last or Current Pay Rate: 10.00 7-1-17

Job Title at Time of Alleged Discrimination: _____ Date Quit/Discharged: _____

Name and Title of Immediate Supervisor: Mike Kirby

If Job Applicant, Date You Applied for Job _____ Job Title Applied For EMPLOYEE REHIRE

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved:
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain): RE-HIRE EMPLOYEE WAGES ARE HIGHER THAN MC

**5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)**

A. Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

B. Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
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A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated *worse* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
------------------	--	------------------	---------------------------------

A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated the *same* as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
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A. _____

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- Yes, I have a disability
- I do not have a disability now but I did have one
- No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: _____

How did your employer respond to your request? _____

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

<u>Full Name</u>	<u>Job Title</u>	<u>Address & Phone Number</u>	<u>What do you believe this person will tell us?</u>
A.			
B.			

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

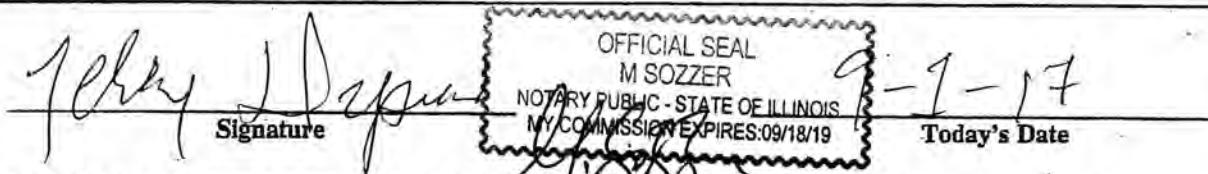
16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No

Provide name of organization, name of person you spoke with and date of contact. Results, if any?

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CASE # 21BA70949
4
U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office

500 West Madison Street, Suite 2000
Chicago, IL 60661
(312) 869-8000
INTAKE FAX (312) 869-8170

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- Your age (if you are 40 or older), or
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2. Attempt to work out a settlement of the dispute between the individual who filed the charge (Charging Party) and the organization accused of employment discrimination (Respondent); or;
3. Provide the Charging Party with a notice which permits him/her to sue the Respondent.

YOU MAY FILE A CHARGE

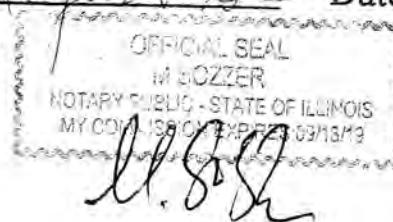
Sometimes we cannot tell whether what happened to you is something that we should investigate. We may ask you to get additional information or wait until it is clear as to what has happened and then return to our office.

Regardless of what we believe, you may file a charge with us. This is your decision to make. If you file a charge under these circumstances, we may still dismiss your charge because we have no authority to investigate or because we believe that no violation of the law has occurred. Filing a charge gives you an independent right to sue the organization. Whether you would win your lawsuit would be a matter for the court to determine.

**My signature acknowledges that I have read the above:
INFORMATION ON EMPLOYMENT
DISCRIMINATION and YOU MAY FILE A CHARGE.**

Signature:

Date:





**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: Dyson First Name: Terry MI: L.

Street or Mailing Address: 3738 W. 139th Apt or Unit #: _____

City: ROBBINS County: COOK State: ILL Zip: 60417-2

Phone Numbers: Home: () _____ Work: () _____

Cell: (312) 890-6803 Email Address: _____

Date of Birth: 08-20-1959 Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No

ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? UNITED STATES

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: DAVID DYSON Relationship: BROTHER

Address: 13731 LAWNDALE City: ROBBINS State: ILL Zip Code: 60417-2

Home Phone: () _____ Other Phone: (708) 712-2244

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: AMERICA'S AUTO AUCTION CHICAGO

Address: 14001 KASKA County: COOK

City: CRESTWOOD State: ILL Zip: 60445 Phone: () _____

Type of Business: CAR SALES Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: _____ Phone: () _____

Number of Employees in the Organization at All Locations: Please Check (✓) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: FEB 2015 Job Title At Hire: DRIVER FOR AUCTION DAYS

Pay Rate When Hired: 8.50 Last or Current Pay Rate: 7.50 - 2017 HAPPEN 10%

Job Title at Time of Alleged Discrimination: MATERIALS Date Quit/Discharged: _____

Name and Title of Immediate Supervisor: MIKE KIRBY

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved:
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: BEFORE 7-1-2017 MADE MORE ^{EVERYONE}

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain): NO CHANCE OF ADVANCEMENT

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 1-2017 to PRESENT Action: MANAGEMENT RAISE AND LOWERED my RATE OF PAY (WHILE UNDER FEDERAL INVESTIGATION)

Name and Title of Person(s) Responsible: GENERAL MANAGEN

B. Date: _____ Action: _____

Name and Title of Person(s) Responsible _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

THAT I KNOW OF (NO ONE BUT ME THAT THIS HAPPEN TOO)

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

I TOLD SUPERVISORS THEY SAID THEY WOULD FIX IT BUT NEVER DID

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
-----------	---	-----------	--------------------------

A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated *worse* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
------------------	--	------------------	---------------------------------

A. NO ONE WILL TALK BECAUSE OF FEAR (OF LOSING THESE JO

B. _____

Of the persons in the same or similar situation as you, who was treated the *same* as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
------------------	--	------------------	---------------------------------

A. NO ONE WILL TALK

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- Yes, I have a disability
 I do not have a disability now but I did have one
 No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

No

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: N/A

How did your employer respond to your request? N/A

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

<u>Full Name</u>	<u>Job Title</u>	<u>Address & Phone Number</u>	<u>What do you believe this person will tell us?</u>
A. <u>NO ONE WILL TALK BECAUSE OF FEAR</u>	<u>JOB</u>		<u>THEY WILL LOSE THEIR</u>
B.			

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on the questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.

Signature

OFFICIAL SEAL

M SOZZER

NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 09/18/19

Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation, EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

CASE # 21 BA 70949



U.S. EQUAL OPPORTUNITY COMMISSION
Chicago District Office

500 West Madison Street, Suite 2000
Chicago, IL 60661
(312) 869-8000
INTAKE FAX (312) 869-8170

PLEASE READ FIRST

This is in response to your request that a Charge Questionnaire be sent to you because you believe that you may have been discriminated against in employment. Please read the enclosed fact sheet, "Information on Employment Discrimination" before filling out the questionnaire. If your complaint (1) is against one of the covered organizations, (2) falls under one or more of the laws described, and (3) asserts harm which occurred less than 300 days ago, complete the enclosed questionnaire and bring, fax or mail it to the Commission office at the above address. An officer of the Commission will interview you to determine whether a charge of discrimination should be filed. Our office hours for interviews are 8:45 AM and 10:45 AM Monday through Friday. Interviews are conducted by appointment. Walk-ins are accepted if you arrive before 11:30 AM, but appointments have priority and you may be asked to make an appointment due to available resources. Please call (312) 869-8010 to schedule an appointment.

If you live more than 50 miles from Chicago or cannot come into the office because of impairment, you may mail or Fax the questionnaire to the above address. Because of staff shortages there will be a delay before you are contacted. If you are not contacted within 60 days for an appointment, you may call (312) 869-8010. Please attach a note to your form stating what times you are normally available to receive telephone calls and at what number you may be reached.

When you bring, mail or Fax in your questionnaire, we ask that you provide or attach any evidence available to you which might be relevant to your claim. For example, this might include (1) the names of individuals who were treated the same as you and of those who were treated better than you, (2) the names, addresses, and telephone numbers of witnesses; and (3) copies of documents which tell what happened to you and/or the policy under which it happened.

INFORMATION ON EMPLOYMENT DISCRIMINATION

This information is being given to you to help you decide whether your employment problem can be handled by the United States Equal Employment Opportunity Commission (EEOC). The EEOC was created by Congress to investigate allegations of employment discrimination engaged in by private employers, public state and local governments, labor unions and employment agencies. The EEOC can only investigate allegations of employment discrimination because of one or more of the reasons listed below:

- Your race,
- Your color (darkness or lightness of skin),
- Your sex,
- Your religion,
- Your national origin,
- Your age (if you are 40 or older), or
- Your disability (includes employer's belief that you are disabled),
- Your genetic information (acquiring or use of)
- Opposing or protesting an act violating one of the laws enforced by EEOC,
- Participating in an investigation or proceeding relating to one of the laws enforced by EEOC,
- Associating with someone protected by one of the laws enforced by EEOC.

Some of these terms may have different meanings under the laws we enforce than elsewhere. EEOC can provide you with information regarding the meaning of the terms concerning your situation.

The EEOC does not accept complaints of discrimination against the Federal Government. Such complaints must be filed with the EEO office of the agency alleged to have engaged in discrimination.

The EEOC does not investigate charges alleging unfairness unrelated to race, color, sex, religion or national origin, age or disability.

The laws EEOC enforces against employment discrimination based on race, color, religion, sex, national origin, and disability require that an employer must employ 15 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

The law that prohibits employment discrimination against persons 40 years of age or older requires that the employer must employ 20 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

A law that prohibits discrimination based on sex in the payment of wages for substantially equal work requires that a lawsuit must be filed within two years of the alleged discriminatory act. The employer must employ at least one employee other than the employee complaining of discrimination. A charge may be filed within the same two year period but is not required.

EEOC accepts charges of discrimination from the public and depending on the circumstances, may take one or more of the following actions regarding a charge:

1. Investigate to the extent EEOC deems necessary to determine whether illegal employment discrimination probably has occurred;
2. Attempt to work out a settlement of the dispute between the individual who filed the charge (Charging Party) and the organization accused of employment discrimination (Respondent); or;
3. Provide the Charging Party with a notice which permits him/her to sue the Respondent.

YOU MAY FILE A CHARGE

Sometimes we cannot tell whether what happened to you is something that we should investigate. We may ask you to get additional information or wait until it is clear as to what has happened and then return to our office.

Regardless of what we believe, you may file a charge with us. This is your decision to make. If you file a charge under these circumstances, we may still dismiss your charge because we have no authority to investigate or because we believe that no violation of the law has occurred. Filing a charge gives you an independent right to sue the organization. Whether you would win your lawsuit would be a matter for the court to determine.

My signature acknowledges that I have read the above:
**INFORMATION ON EMPLOYMENT
DISCRIMINATION and YOU MAY FILE A CHARGE.**

Signature:

Teddy L. Shewmaker Date: 9-1-17





**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: DYSON First Name: TERRY MI: L

Street or Mailing Address: 3738 w 139th Apt or Unit #: _____

City: ROBBINS County: COOK State: ILL Zip: 60472

Phone Numbers: Home: () _____ Work: () _____

Cell: (312) 890-6503 Email Address: _____

Date of Birth: 08-20-1959 Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions.

- i. Are you Hispanic or Latino? Yes No
- ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? _____

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: DAVID DYSON Relationship: BROTHER

Address: 13731 LAWNDALE City: ROBBINS State: ILL Zip Code: 60472

Home Phone: () _____ Other Phone: (708) 712-2244

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) **If more than one employer is involved, attach additional sheets.**

Organization Name: AMERICA'S AUTO AUCTION CHICAGO

Address: 14001 S. KARLON AVE County: COOK

City: CRESTWOOD State: IL Zip: 60445 Phone: () _____

Type of Business: SALE CARS Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: KELLY Phone: () _____

Number of Employees in the Organization at All Locations: Please Check (/) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: 02-15 Job Title At Hire: DRIVER ON AUCTION DAYS

Pay Rate When Hired: \$ 52 Last or Current Pay Rate: \$ 10.75 - 1-2007 HAPPEN'

Job Title at Time of Alleged Discrimination: MAN. POSITION Date Quit/Discharged: WORKING THERE PRESNTLY

Name and Title of Immediate Supervisor: MIKE KIRBY

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain): _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 5-10-17 Action: ON MY LUNCH BREAK I WAS HELPING CUSTOMERS WITH THEIR CARS AND FORGOT TO CLOCK-IN →

Name and Title of Person(s) Responsible: SUPERVISOR MIKE KELLY HELPFIX 37

B. Date: _____ Action: _____

HE CAN CHANGE MY TIME OF (HOURS) WITH THE COMPUTER.

Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

THIS DON'T HAPPEN TO EVERY-ONE (JOE GREENWALT)

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

I HEAR THAT GENERAL MANAGER HERB IS TRYING TO MEET HIS QUOTA

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
-----------	---	-----------	--------------------------

A. YES JOE GREENWALT HE DON'T WORK
OR DO ANYTHING

B. _____

Of the persons in the same or similar situation as you, who was treated *worse* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
------------------	--	------------------	---------------------------------

A. NONE

B. _____

Of the persons in the same or similar situation as you, who was treated the *same* as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
------------------	--	------------------	---------------------------------

A. ETHAN WILLS

SAME AS my SELF

HE'S going THrough THE

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- Yes, I have a disability
- I do not have a disability now but I did have one
- No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

NONE

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

No

Describe the changes or assistance that you asked for: NONE

How did your employer respond to your request? NONE

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

<u>Full Name</u>	<u>Job Title</u>	<u>Address & Phone Number</u>	<u>What do you believe this person will tell us?</u>
------------------	------------------	-----------------------------------	--

A. No one will talk in fear of losing their jobs

B. _____

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

No results yet

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

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Signature

OFFICIAL SEAL

M SOZZER

NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 09/18/10

Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a)
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

CHSL # 213A 70944
3



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office

500 West Madison Street, Suite 2000
Chicago, IL 60661
(312) 869-8000
INTAKE FAX (312) 869-8170

PLEASE READ FIRST

This is in response to your request that a Charge Questionnaire be sent to you because you believe that you may have been discriminated against in employment. Please read the enclosed fact sheet, "Information on Employment Discrimination" before filling out the questionnaire. If your complaint (1) is against one of the covered organizations, (2) falls under one or more of the laws described, and (3) asserts harm which occurred less than 300 days ago, complete the enclosed questionnaire and bring, fax or mail it to the Commission office at the above address. An officer of the Commission will interview you to determine whether a charge of discrimination should be filed. Our office hours for interviews are 8:45 AM and 10:45 AM Monday through Friday. Interviews are conducted by appointment. Walk-ins are accepted if you arrive before 11:30 AM, but appointments have priority and you may be asked to make an appointment due to available resources. Please call (312) 869-8010 to schedule an appointment.

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When you bring, mail or Fax in your questionnaire, we ask that you provide or attach any evidence available to you which might be relevant to your claim. For example, this might include (1) the names of individuals who were treated the same as you and of those who were treated better than you, (2) the names, addresses, and telephone numbers of witnesses; and (3) copies of documents which tell what happened to you and/or the policy under which it happened.

INFORMATION ON EMPLOYMENT DISCRIMINATION

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- Your race,
- Your color (darkness or lightness of skin),
- Your sex,
- Your religion,
- Your national origin,
- Your age (if you are 40 or older), or
- Your disability (includes employer's belief that you are disabled),
- Your genetic information (acquiring or use of)
- Opposing or protesting an act violating one of the laws enforced by EEOC,
- Participating in an investigation or proceeding relating to one of the laws enforced by EEOC,
- Associating with someone protected by one of the laws enforced by EEOC.

Some of these terms may have different meanings under the laws we enforce than elsewhere. EEOC can provide you with information regarding the meaning of the terms concerning your situation.

The EEOC does not accept complaints of discrimination against the Federal Government. Such complaints must be filed with the EEO office of the agency alleged to have engaged in discrimination.

The EEOC does not investigate charges alleging unfairness unrelated to race, color, sex, religion, national origin, age or disability.

The laws EEOC enforces against employment discrimination based on race, color, religion, sex, national origin, and disability require that an employer must employ 15 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

The law that prohibits employment discrimination against persons 40 years of age or older requires that the employer must employ 20 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

A law that prohibits discrimination based on sex in the payment of wages for substantially equal work requires that a lawsuit must be filed within two years of the alleged discriminatory act. The employer must employ at least one employee other than the employee complaining of discrimination. A charge may be filed within the same two year period but is not required.

EEOC accepts charges of discrimination from the public and depending on the circumstances, may take one or more of the following actions regarding a charge:

1. Investigate to the extent EEOC deems necessary to determine whether illegal employment discrimination probably has occurred;
2. Attempt to work out a settlement of the dispute between the individual who filed the charge (Charging Party) and the organization accused of employment discrimination (Respondent); or;
3. Provide the Charging Party with a notice which permits him/her to sue the Respondent.

YOU MAY FILE A CHARGE

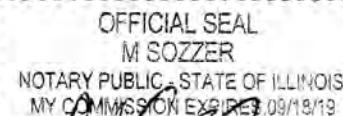
Sometimes we cannot tell whether what happened to you is something that we should investigate. We may ask you to get additional information or wait until it is clear as to what has happened and then return to our office.

Regardless of what we believe, you may file a charge with us. This is your decision to make. If you file a charge under these circumstances, we may still dismiss your charge because we have no authority to investigate or because we believe that no violation of the law has occurred. Filing a charge gives you an independent right to sue the organization. Whether you would win your lawsuit would be a matter for the court to determine.

**My signature acknowledges that I have read the above:
INFORMATION ON EMPLOYMENT
DISCRIMINATION and YOU MAY FILE A CHARGE.**

Signature:

Date:





**U.S. EQUAL OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: DYSON First Name: TERRY MI: L
 Street or Mailing Address: 3738 W. 139th Apt or Unit #: _____
 City: ROBBINS County: COOK State: ILL Zip: 60472
 Phone Numbers: Home: (____) _____ Work: (____) _____
 Cell: (312) 590-6503 Email Address: _____
 Date of Birth: 08-20-1959 Sex: Male Female Do You Have a Disability? Yes No
 Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No
 ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White
 Black or African American Native Hawaiian or Other Pacific Islander
 iii. What is your National Origin (country of origin or ancestry)? _____

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: DAVID DYSON Relationship: BROTHER
 Address: 13731 LAWNDALE City: ROBBINS State: ILL Zip Code: 60472
 Home Phone: (____) _____ Other Phone: (708) 712-2244

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: AMERICA'S AUTO AUCTION CHICAGO
 Address: 14001 S. KARLOV County: COOK
 City: CRESTWOOD State: ILL Zip: 60445 Phone: (____)
 Type of Business: SALE CARS Job Location if different from Org. Address: _____
 Human Resources Director or Owner Name: KELLY Phone: (____)

Number of Employees in the Organization at All Locations: Please Check (/) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: 02-2015 Job Title At Hire: DRIVER ON AUCTION DAYS
 Pay Rate When Hired: \$50 Last or Current Pay Rate: 100 17-1-2017 HAPPEN
 Job Title at Time of Alleged Discrimination: NO WEEK-DAY OFF Date Quit/Discharged: WORKING THESE PRESENTLY
 Name and Title of Immediate Supervisor: MICHAEL KIRBY
 If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved:
 i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain): _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 1-17-9-17 Action: NO Sick - Time or VACATION TIME

Name and Title of Person(s) Responsible: GENERAL manager LARRY HERO & Mike Kirby

B. Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

BECAUSE VERNONICA VOTTER TOOK A WEEK OFF AND NO DISCIPLINE TO SEE ATTACHEMENT

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

my Time off, Today said they don't know why its not THERE

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
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A. _____

B. _____

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

<u>Full Name</u>	<u>Job Title</u>	<u>Address & Phone Number</u>	<u>What do you believe this person will tell us?</u>
------------------	------------------	-----------------------------------	--

A. _____

B. _____

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.


Signature



Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 526, 42 U.S.C. 12117(a).
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

AMEND

AMERICA'S AUTO AUCTION CHICAGO, INC 14001 S KARLOV AVE CRESTWOOD IL 60418										Check: 25930486	Pay Date: 08/30/2017	
EE # 20470 TERRY DYSON FITWH S 1 IL S 1 EID 6798-5848-3046-53 DEPT # 35006192 SSN ***-**-2545 Period: 08/21/2017 to 08/27/2017												
WEEKLY	RATE	HOUR/UNIT	CURRENT \$	YTD HR/UNIT	YTD \$	DEDUCTION	CURRENT \$	YTD \$	TAX	CURRENT \$	YTD \$	OTHER INFORMATION
Hourly	10.00	32.50	325.00	1,250.80	11,181.74	Dental125	6.86	116.62	FITWH	16.72	723.73	No Sick
OT				19.07	244.27	Medical125	27.52	412.80	MED	4.19	159.88	
Holiday				16.00	152.00	Vision125	1.31	22.27	SOC	17.94	633.63	
									IL	12.25	386.54	
TOTALS		32.50	325.00	1,285.87	11,578.01		35.69	551.69		51.10	1,953.78	NET 238.21

PEND

8-16-17

I ASKED FOR A DAY OFF AND I
WAS DENIED BY Bradley MANSANAREZ
ASSISTANT MANAGER

HE SAID THAT HE NEED TWO HOURS NOTICE
BEFORE I CAN TAKE A DAY-OFF, THAT HE
NEED my PRESENCE, SO I WENT TO WORK!



**U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office**

500 West Madison Street, Suite 2000
Chicago, IL 60661
(312) 869-8000
INTAKE FAX (312) 869-8170

PLEASE READ FIRST

This is in response to your request that a Charge Questionnaire be sent to you because you believe that you may have been discriminated against in employment. Please read the enclosed fact sheet, "Information on Employment Discrimination" before filling out the questionnaire. If your complaint (1) is against one of the covered organizations, (2) falls under one or more of the laws described, and (3) asserts harm which occurred less than 300 days ago, complete the enclosed questionnaire and bring, fax or mail it to the Commission office at the above address. An officer of the Commission will interview you to determine whether a charge of discrimination should be filed. Our office hours for interviews are 8:45 AM and 10:45 AM Monday through Friday. Interviews are conducted by appointment. Walk-ins are accepted if you arrive before 11:30 AM, but appointments have priority and you may be asked to make an appointment due to available resources. Please call (312) 869-8010 to schedule an appointment.

If you live more than 50 miles from Chicago or cannot come into the office because of impairment, you may mail or Fax the questionnaire to the above address. Because of staff shortages there will be a delay before you are contacted. If you are not contacted within 60 days for an appointment, you may call (312) 869-8010. Please attach a note to your form stating what times you are normally available to receive telephone calls and at what number you may be reached.

When you bring, mail or Fax in your questionnaire, we ask that you provide or attach any evidence available to you which might be relevant to your claim. For example, this might include (1) the names of individuals who were treated the same as you and of those who were treated better than you, (2) the names, addresses, and telephone numbers of witnesses; and (3) copies of documents which tell what happened to you and/or the policy under which it happened.

INFORMATION ON EMPLOYMENT DISCRIMINATION

This information is being given to you to help you decide whether your employment problem can be handled by the United States Equal Employment Opportunity Commission (EEOC). The EEOC was created by Congress to investigate allegations of employment discrimination engaged in by private employers, public state and local governments, labor unions and employment agencies. The EEOC can only investigate allegations of employment discrimination because of one or more of the reasons listed below:

- Your race,
- Your color (darkness or lightness of skin),
- Your sex,
- Your religion,
- Your national origin,
- Your age (if you are 40 or older), or
- Your disability (includes employer's belief that you are disabled),
- Your genetic information (acquiring or use of)
- Opposing or protesting an act violating one of the laws enforced by EEOC,
- Participating in an investigation or proceeding relating to one of the laws enforced by EEOC,
- Associating with someone protected by one of the laws enforced by EEOC.

Some of these terms may have different meanings under the laws we enforce than elsewhere. EEOC can provide you with information regarding the meaning of the terms concerning your situation.

The EEOC does not accept complaints of discrimination against the Federal Government. Such complaints must be filed with the EEO office of the agency alleged to have engaged in discrimination.

The EEOC does not investigate charges alleging unfairness unrelated to race, color, sex, religion, national origin, age or disability.

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The law that prohibits employment discrimination against persons 40 years of age or older requires that the employer must employ 20 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

A law that prohibits discrimination based on sex in the payment of wages for substantially equal work requires that a lawsuit must be filed within two years of the alleged discriminatory act. The employer must employ at least one employee other than the employee complaining of discrimination. A charge may be filed within the same two year period but is not required.

EEOC accepts charges of discrimination from the public and depending on the circumstances, may take one or more of the following actions regarding a charge:

1. Investigate to the extent EEOC deems necessary to determine whether illegal employment discrimination probably has occurred;
2. Attempt to work out a settlement of the dispute between the individual who filed the charge (Charging Party) and the organization accused of employment discrimination (Respondent); or;
3. Provide the Charging Party with a notice which permits him/her to sue the Respondent.

YOU MAY FILE A CHARGE

Sometimes we cannot tell whether what happened to you is something that we should investigate. We may ask you to get additional information or wait until it is clear as to what has happened and then return to our office.

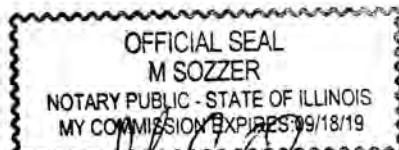
Regardless of what we believe, you may file a charge with us. This is your decision to make. If you file a charge under these circumstances, we may still dismiss your charge because we have no authority to investigate or because we believe that no violation of the law has occurred. Filing a charge gives you an independent right to sue the organization. Whether you would win your lawsuit would be a matter for the court to determine.

My signature acknowledges that I have read the above:
**INFORMATION ON EMPLOYMENT
DISCRIMINATION and YOU MAY FILE A CHARGE.**

Signature:

Johay L Dlysaw De

Date: 9-1-17





**U.S. EQUAL OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: DYSON First Name: TERRY MI: L

Street or Mailing Address: 3738 W. 139th Apt or Unit #: _____

City: ROBBINS County: COOK State: ILL Zip: _____

Phone Numbers: Home: (____) _____ Work: (____) _____

Cell: (312) 890-6503 Email Address: _____

Date of Birth: 08-23-1959 Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No

ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? _____

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: DAVID DYSON Relationship: BROTHER

Address: 13731 LAWNDALE City: ROBBINS State: ILL Zip Code: 604172

Home Phone: (____) _____ Other Phone: (708) 712-2244

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: AMERICA'S AUTO AUCTION CHICAGO

Address: 14001 S. KINGSLEY County: COOK

City: CRESWELL State: ILL Zip: 60445 Phone: (____) _____

Type of Business: CAR SALES Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: KELLY Phone: (____) _____

Number of Employees in the Organization at All Locations: Please Check (J) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: 02-2015 Job Title At Hire: DRIVER ON AUCTION DAY

Pay Rate When Hired: \$15.50 Last or Current Pay Rate: 100% 7-1-2017 HAPPEN

Job Title at Time of Alleged Discrimination: ND INSURANCE BENEFITS Date Quit/Discharged: WORKING THESE PRESENTLY

Name and Title of Immediate Supervisor: MIKE KIRBY

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved:
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain): _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: 5-9-17 / PRESENT Action: I WAS JUST GIVEN A PIECE OF PAPER WITH INSURANCE NAME ONLY. I HAVE NOTHING WITH MY NAME / ADDRESS
Name and Title of Person(s) Responsible: GENERAL MANAGER (HERO) SUPERVISOR (KIBY)

B. Date: _____ Action: _____

Name and Title of Person(s) Responsible _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

OTHER CO-WORKERS BLACK - NON BLACK HAVE THESES, IVE SEEN WHAT THE CARD LOOKS LIKE.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

SUPERVISOR SAID IT SHOULD HAVE NAME IN THE MAIL.

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated *better* than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
-----------	---	-----------	--------------------------

A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated *worse* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
------------------	--	------------------	---------------------------------

A. NONE

B. _____

Of the persons in the same or similar situation as you, who was treated the *same* as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
------------------	--	------------------	---------------------------------

A. ETHAN WILLS

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- Yes, I have a disability
 I do not have a disability now but I did have one
 No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.)

NONE11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?
 Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?
 Yes No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: NONEHow did your employer respond to your request? NONE

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

<u>Full Name</u>	<u>Job Title</u>	<u>Address & Phone Number</u>	<u>What do you believe this person will tell us?</u>
A. NO ONE WILL TALK IN FEAR OF LOSING THEIR JOB			
B.			

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

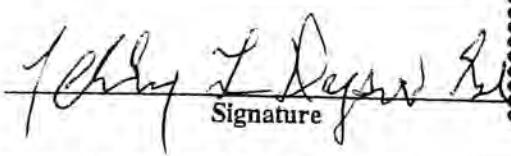
16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

NO RESULTS YET

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

BOX 2 I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.


Signature



Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting personal data and the uses thereof are:
 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08). 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge. 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

Data corrected by Respondent (RP) in bold, conflicting data in italics:

- Started Feb 2015 – Driver (part-time); **RP: Started 3/2/15, Driver P/T**
- Dec 27, 2015 – Lot Coordinator, full time; **RP: Driver Part-Time**
- March 2016 – Lot Coordinator, ~~part~~^{full}time; **RP: Lot operations Part-Time**
- September 2016 – Lot Coordinator, full-time for 2 weeks; **RP: Part-Time**
- October 2016 – Lot Coordinator, part-time **RP: Part-Time**
- *November 18, 2016 – Lot Coordinator, full-time (_____ hours/week);* **RP: Part-Time**
- **RP: Nov 21, 2016 additional hours was authorized Chuck Andersen**
- **RP: Jan 2017 full time lot operations after asking speaking to Larry Hero**

DENTAL

Call For Help
Americop 1-888-241-0324

aetna Medical Core Insurance

Network: Choice PPO (PPO)

Group Name: America's Auto Auction, Inc.

Group Number: 284196 **Rx BIN:** 610502

Member Services: 1-888-416-2277

Provider Authorization: 1-888-632-3862

This card is not a guarantee of benefits or eligibility. Its sole purpose is to provide basic information needed to verify benefits. Your member ID number is your SSN.

aetna Medical Buy-up Insurance

Network: Choice PPO (PPO)

Group Name: America's Auto Auction, Inc.

Group Number: 284196 **Rx BIN:** 610502

Member Services: 1-888-416-2277

Provider Authorization: 1-888-632-3862

This card is not a guarantee of benefits or eligibility. Its sole purpose is to provide basic information needed to verify benefits. Your member ID number is your SSN.

VISION

aetna Vision Insurance

Network: Plan 50 Aetna Vision Preferred

Group Name: America's Auto Auction, Inc.

Group Number: 284196

Customer Service: 1-877-973-3238

This card is not a guarantee of benefits or eligibility. Its sole purpose is to provide basic information needed to verify benefits. Your member ID number is your SSN.

MEDICAL



Network: Open Access Managed Choice (OAMC)

Group Name: America's Auto Auction, Inc.

Group Number: 284196 **Rx BIN:** 610502

Member Services: 1-888-416-2277

Provider Authorization: 1-888-632-3862

This card is not a guarantee of benefits or eligibility. Its sole purpose is to provide basic information needed to verify benefits. Your member ID number is your SSN.



Network: Open Access Managed Choice (OAMC)

Group Name: America's Auto Auction, Inc.

Group Number: 284196 **Rx BIN:** 610502

Member Services: 1-888-416-2277

Provider Authorization: 1-888-632-3862

This card is not a guarantee of benefits or eligibility. Its sole purpose is to provide basic information needed to verify benefits. Your member ID number is your SSN.

1-800

238 676



10
U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
Chicago District Office

500 West Madison Street, Suite 2000
Chicago, IL 60661
(312) 869-8000
INTAKE FAX (312) 869-8170

PLEASE READ FIRST

This is in response to your request that a Charge Questionnaire be sent to you because you believe that you may have been discriminated against in employment. Please read the enclosed fact sheet, "Information on Employment Discrimination" before filling out the questionnaire. If your complaint (1) is against one of the covered organizations, (2) falls under one or more of the laws described, and (3) asserts harm which occurred less than 300 days ago, complete the enclosed questionnaire and bring, fax or mail it to the Commission office at the above address. An officer of the Commission will interview you to determine whether a charge of discrimination should be filed. Our office hours for interviews are 8:45 AM and 10:45 AM Monday through Friday. Interviews are conducted by appointment. Walk-ins are accepted if you arrive before 11:30 AM, but appointments have priority and you may be asked to make an appointment due to available resources. Please call (312) 869-8010 to schedule an appointment.

If you live more than 50 miles from Chicago or cannot come into the office because of impairment, you may mail or Fax the questionnaire to the above address. Because of staff shortages there will be a delay before you are contacted. If you are not contacted within 60 days for an appointment, you may call (312) 869-8010. Please attach a note to your form stating what times you are normally available to receive telephone calls and at what number you may be reached.

When you bring, mail or Fax in your questionnaire, we ask that you provide or attach any evidence available to you which might be relevant to your claim. For example, this might include (1) the names of individuals who were treated the same as you and of those who were treated better than you, (2) the names, addresses, and telephone numbers of witnesses; and (3) copies of documents which tell what happened to you and/or the policy under which it happened.

INFORMATION ON EMPLOYMENT DISCRIMINATION

This information is being given to you to help you decide whether your employment problem can be handled by the United States Equal Employment Opportunity Commission (EEOC). The EEOC was created by Congress to investigate allegations of employment discrimination engaged in by private employers, public state and local governments, labor unions and employment agencies. The EEOC can only investigate allegations of employment discrimination because of one or more of the reasons listed below:

- Your race,
- Your color (darkness or lightness of skin),
- Your sex,
- Your religion,
- Your national origin,
- Your age (if you are 40 or older), or
- Your disability (includes employer's belief that you are disabled),
- Your genetic information (acquiring or use of)
- Opposing or protesting an act violating one of the laws enforced by EEOC,
- Participating in an investigation or proceeding relating to one of the laws enforced by EEOC,
- Associating with someone protected by one of the laws enforced by EEOC.

Some of these terms may have different meanings under the laws we enforce than elsewhere. EEOC can provide you with information regarding the meaning of the terms concerning your situation.

The EEOC does not accept complaints of discrimination against the Federal Government. Such complaints must be filed with the EEO office of the agency alleged to have engaged in discrimination.

The EEOC does not investigate charges alleging unfairness unrelated to race, color, sex, religion, national origin, age or disability.

The laws EEOC enforces against employment discrimination based on race, color, religion, sex, national origin, and disability require that an employer must employ 15 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

The law that prohibits employment discrimination against persons 40 years of age or older requires that the employer must employ 20 or more employees, and a charge must be filed within 300 days of the alleged discriminatory act.

A law that prohibits discrimination based on sex in the payment of wages for substantially equal work requires that a lawsuit must be filed within two years of the alleged discriminatory act. The employer must employ at least one employee other than the employee complaining of discrimination. A charge may be filed within the same two year period but is not required.

EEOC accepts charges of discrimination from the public and depending on the circumstances, may take one or more of the following actions regarding a charge:

1. Investigate to the extent EEOC deems necessary to determine whether illegal employment discrimination probably has occurred;
2. Attempt to work out a settlement of the dispute between the individual who filed the charge (Charging Party) and the organization accused of employment discrimination (Respondent); or;
3. Provide the Charging Party with a notice which permits him/her to sue the Respondent.

YOU MAY FILE A CHARGE

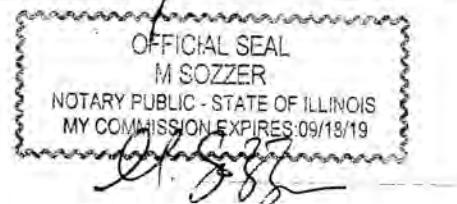
Sometimes we cannot tell whether what happened to you is something that we should investigate. We may ask you to get additional information or wait until it is clear as to what has happened and then return to our office.

Regardless of what we believe, you may file a charge with us. This is your decision to make. If you file a charge under these circumstances, we may still dismiss your charge because we have no authority to investigate or because we believe that no violation of the law has occurred. Filing a charge gives you an independent right to sue the organization. Whether you would win your lawsuit would be a matter for the court to determine.

My signature acknowledges that I have read the above:
**INFORMATION ON EMPLOYMENT
DISCRIMINATION and YOU MAY FILE A CHARGE.**

Signature:

Fddy L. Hyser Jr. Date: 9-1-17





**U.S. EQUAL OPPORTUNITY OPPORTUNITY COMMISSION
INTAKE QUESTIONNAIRE**

Please immediately complete this entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). **REMEMBER**, a charge of employment discrimination must be filed within the time limits imposed by law, within 180 days or in some places within 300 days of the alleged discrimination. When we receive this form, we will review it to determine EEOC coverage. Answer all questions completely, and attach additional pages if needed to complete your responses. If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "N/A." (PLEASE PRINT)

1. Personal Information

Last Name: DYSON First Name: TERRY MI: L

Street or Mailing Address: 3738 W 139th Apt or Unit #: _____

City: ROBBINS County: COOK State: ILL Zip: 60472

Phone Numbers: Home: (____) _____ Work: (____) _____

Cell: (312) 890-6503 Email Address: _____

Date of Birth: 08-20-1959 Sex: Male Female Do You Have a Disability? Yes No

Please answer each of the next three questions. i. Are you Hispanic or Latino? Yes No

ii. What is your Race? Please choose all that apply. American Indian or Alaskan Native Asian White

Black or African American Native Hawaiian or Other Pacific Islander

iii. What is your National Origin (country of origin or ancestry)? _____

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: DAVID DYSON Relationship: BROTHER

Address: 13731 LAWNDALE City: ROBBINS State: ILL Zip Code: 60472

Home Phone: (____) _____ Other Phone: (____) 712-2244

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

Employer Union Employment Agency Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: AMERICA'S AUTO AUCTION CHICAGO

Address: 14001 S. KEELOV County: COOK

City: CRESTWOOD State: ILL Zip: 604145 Phone: (____) _____

Type of Business: SALE CAR Job Location if different from Org. Address: _____

Human Resources Director or Owner Name: KELLY Phone: (____) _____

Number of Employees in the Organization at All Locations: Please Check (/) One

Fewer Than 15 15 - 100 101 - 200 201 - 500 More than 500

3. Your Employment Data (Complete as many items as you are able.) Are you a federal employee? Yes No

Date Hired: 02-2015 Job Title At Hire: DEALER ON SALE DAYS

Pay Rate When Hired: \$8.50 Last or Current Pay Rate: 10.25 7-1-2017 HAPPEN

Job Title at Time of Alleged Discrimination: LONG HOURS Date Quit/Discharged: WORKING THERE PRESIDENTLY

Name and Title of Immediate Supervisor: MIKE KIRBY

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

Race Sex Age Disability National Origin Religion Retaliation Pregnancy Color (typically a difference in skin shade within the same race) Genetic Information; circle which type(s) of genetic information is involved:
i. genetic testing ii. family medical history iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain): _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.
(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A. Date: _____ Action: _____

Name and Title of Person(s) Responsible: _____

B. Date: _____ Action: _____

Name and Title of Person(s) Responsible _____

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

Full Name	Race, Sex, Age, National Origin, Religion or Disability	Job Title	Description of Treatment
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A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated *worse* than you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
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A. _____

B. _____

Of the persons in the same or similar situation as you, who was treated the *same* as you?

<u>Full Name</u>	<u>Race, Sex, Age, National Origin, Religion or Disability</u>	<u>Job Title</u>	<u>Description of Treatment</u>
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A. _____

B. _____

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- Yes, I have a disability
- I do not have a disability now but I did have one
- No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes No

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes No

If "Yes," when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for: _____

How did your employer respond to your request? _____

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

<u>Full Name</u>	<u>Job Title</u>	<u>Address & Phone Number</u>	<u>What do you believe this person will tell us?</u>
A. _____			
B. _____			

14. Have you filed a charge previously on this matter with the EEOC or another agency? Yes No

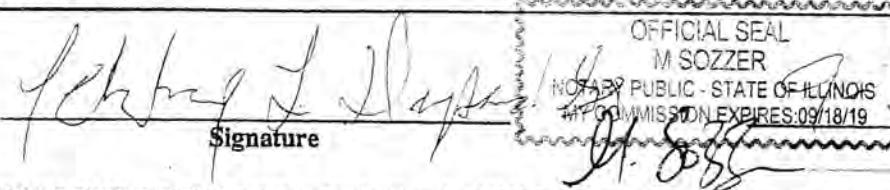
15. If you filed a complaint with another agency, provide the name of agency and the date of filing: _____

16. Have you sought help about this situation from a union, an attorney, or any other source? Yes No
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

BOX 1 I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

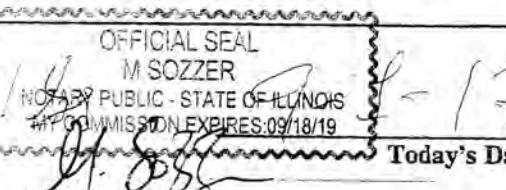
BOX 2 I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.


Signature

OFFICIAL SEAL

M SOZZER

NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 09/18/19


Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974; Public Law 93-579. Authority for requesting personal data and the uses thereof are:

- 1) FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
- 2) AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a)
- 3) PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
- 4) ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
- 5) WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.